Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 13295 CERTIFICATE certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) kian ond completely filled in by the funeral lease remove carbon papers. Pages 1 and o. COUNTY Washington a. STATE b. COUNTY Washington Pa. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) r. LENGTH OF STAY IN 1b. ? Years Haderstown Mercersburg Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS N. Main St. Jackson /Conv./Home Jackson Conv. Home YES NO X NAME OF First Last 4. DATE Day Year DECEASED 19 66 F. David Agnew Sept. (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Male White Oct.4.1878 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired)

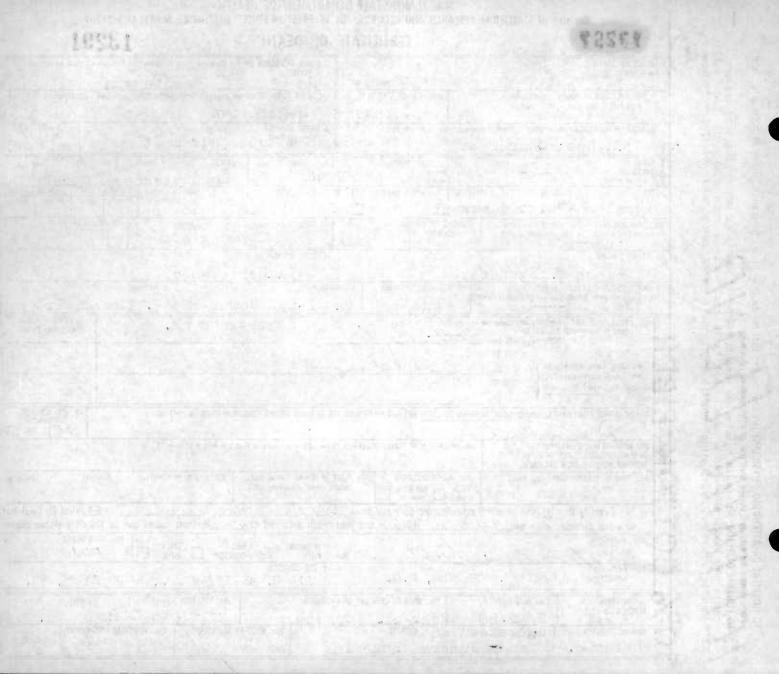
Store Clerk **INDUSTRY** COUNTRY? USA Mercersburg, Pa. R. D. Gen. Merchn 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo Harriet Eliza. Rhea James Agnew 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The low requires that the death permit. 179-07-345JA James E. Agnew Littleton.Colo. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Emphysema IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physicion. DUE TO Canditions, if ony, which gave (b) rise ta immediate couse (a). DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m factory, street, affice bldg., etc.) Not While ot work ot wark 1963, to Sept., 19 66hat (1) (we) last Sept. 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ 16 19 66, and that death accurred at O A M, fram causes and an the date stated above. saw the deceased glive andent. 22o. SIGNATURE 22b. DATE SIGNED 9/29/66 PHYS. 580 Northern Avenue Hagerstown, Maryland 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard N. Weeks, M.D. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, DATE THEREOF (County) (State) REMOVAL (Specify)
Burial 166 Fairview Cem. Mercersburg.Pa. **ADDRESS** 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 1968 Mercersburg, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

13290 CONTRACTOR STATE . Len Blanch all Aragon 1 1 C THE COUNTY OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13297 CERTIFICATE OF DEATH rban papers. Pages 1 and 2, within 72 haurs after death. certificate be executed within 24 haurs after death ng povician and campletely filled in by the funeral then please remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Washington MARYLAND Parvland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 14 Years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 554 West Church 554 West Church St YES NO EXC 3. NAME OF lease remove carban Middle 4. DATE First Month DECEASED ANNIE T.EE ANDERSON (Type or print) DEATH September 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Jast birthdoy) Months White Female July 31 WIDOWED KK DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign cauntry) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Hagerstown Wash Con Home 13. FATHER'S NAME burial, crematian, ar remaval, John M. Stouffer Isabelle Mace 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. PHYSICIAN: The law requires that the death signed by the attendate burial-transit permit. (Yes, na, grunknawn) (If yes give wor or dates af service) irs Gladys Gower 554 W. Church St None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Hagerstown Id. PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Z 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING (C) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram Lift 24, 1966, to Lift 26, 1966, that (1) (we) last saw the deceased alive an Lift 26, 1966, and that death accurred at 4100AM, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 9/27/66 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S ANDREW M. MANDELL, M.D. NAME (Type) 119 E. ANTIETAM ST., HAGERSTOWN, MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) agerstown Wash lose will Cemetery 25b. REGISTRAR'S SIGNATURE Hagerstown 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 1966 Andrew K. Coffman Funeral Home Inc

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remove carbon papers. Pages 1 and 2 many event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside carporate limits c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) aive negrest town 15 M: d. STREET ADDRESS IS RESIDENCE WISTITUTION (If not in haspital, give street address) ON A FARM YES NO F signed by the attending physician and completely fi burial-tronsit permit. Then please remove carbon NAME OF 4. DATE Year DECEASED OF DEATH 6 1966 (Type or print) SANA BAKEI AGE (In years last birthday) IF UNDER 1 YEAR 8. DATE OF BIRTH 6. COLOR OR MARRIED. NEVER MARRIED Manths Davs SebT WIDOWED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor or dates af service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY vp ma IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUF TO Canditians, if any, which gave rise to immediate couse (a) DUE TO ficote hos been s for use os the b f Heolth prior to b stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detoched for use should be filed with the Stote Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work at wark 2]. I certify that (I) (this haspital) attended the deceased fram 2 PM AM, 1966, that (4) (we) last 1966, and that death occurred at 2 35 A M, from couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATUR ATTENDING STAFF DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Smithsburg, Maryland 21783 Charles F. Hess. M.D. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Myersville 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY WASHINGTON MARYLAND WASHINGTON after MARYLAND Pages b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à hours HAGERSTOWN YR S. .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 39 E. WASHINGTON ST. NO A YES with executed within completely carbon NAME DF Middle Month Day First 4. DATE Year DECEASED DF DEATH MARY ADA BAUMGARDNER SEPTEMBER 24 19 66 (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. OATE OF BIRTH 5. SEX 6. COLOR OR RACE етоуе 7. MARRIED X NEVER MARRIED Months Days 10/6/1886 and FEMALE WIDOWED [ DIVORCED .= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT physician an please r 11. BIRTHPLACE (County & State, or foreign country) RETIRED SCHOOL TEACHER INDUSTRY U.S.A. MARYLAND certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attendiffig permit. Then DAVID L. WOLFINGER MARTHA A. STINE on signed by the attendation burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Admers 3 GREENCASTLE (Yes, no, or unkown) | (If yes give war or dates of service) death NONE MRS. VIRGINIA MYERS PENNA INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Cerebral thrombosis - cachexia 3weeks IMMEDIATE CAUSE (a) DUE TO vascular disease Arteriesclesotic yrs Conditions, If any, which (b) certificate has been gave rise to Immediate 中中 DUE TO cause (a), stating the as th underlying cause last. WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health PERFORMED? NO X 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be detached for State Dept. of I None MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1961 toSept. 24 1966 that (1) (we) last 9 21. I certify that (I) (this hospital) attended the deceased from. Aug FUNERAL DIRECTOR: 3 shoul 19 66, and that death occurred at P. M, from the causes and on the date stated above. Sept. 24 saw the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE MED.
DIRECTOR PHYS. 9-26-66 Haroldk Tril M.D. PHYSICIAN'S 22d. ADDRESS 22c. to FUNERAL director, p NAME (Type) 302 N. Petemac Street Hagerstewn, Md Dr. Hareld R. Tritch, Jr M.D. (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, HAGERSTOWN 9/27/66 ROSE HILL CEM. MD. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR DATE S 1986 VR ALS

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TO FUNERAL DIF A: After this certificate has been signed by the ottending physician and completely filled page 3 should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages I the Stote Board at Health priar to burial, cremation, or remayal, and in ony event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (15 pr. 90 and of ordered a service)  18. CAUSE OF DEATH [Enter only one couse per line for (9/19), and (c).]  PART I. DEATH WAS CAUSED BY: INFORMANT  ON CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY  YES DIE ON THE STANDARD ON THE PERFORMED?  YES DO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  NOT WHILE  200. ACCIDENT WAS UNDERLYING DATE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY  YES DO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  HOUR ON THE PART II OF INJURY (Home, farm, factory, street, office bidg., etc.)  200. THE OFFICE OF INJURY (Home, farm, factory, street, office bidg., etc.)  21. I CERTIFY that (I) (this hospital) attended the deceased from Ta To 29. 19 fe, to Aprt 28. 19 fe, that (I) (we) last saw the deceased dive an 7-27. 19 fe, and that death accurred at 3P M, from the causes and on the date stated above.  220. BURIAL CREMATION, 236. DATE THEREOF  220. PHYSICIAN'S  NAME (Type)  ADDRESS  AME (Type)  230. DOCATION (City, fown, or county)  (Stap)  PART I. DEATH WAS CAUSED WAS AND TEN CEMETERY OR CREMATORY  231. LOCATION (City, fown, or county)  ADDRESS  24. FUNERAL DIRECTOR'S SIGNATURE  250. REC'D BY REGISTRAR (25) REGISTRAR (25) REGISTRAR (25) REGISTRAR (25)	13.			14. MOTHER'S MAIDEN	NAME	11		
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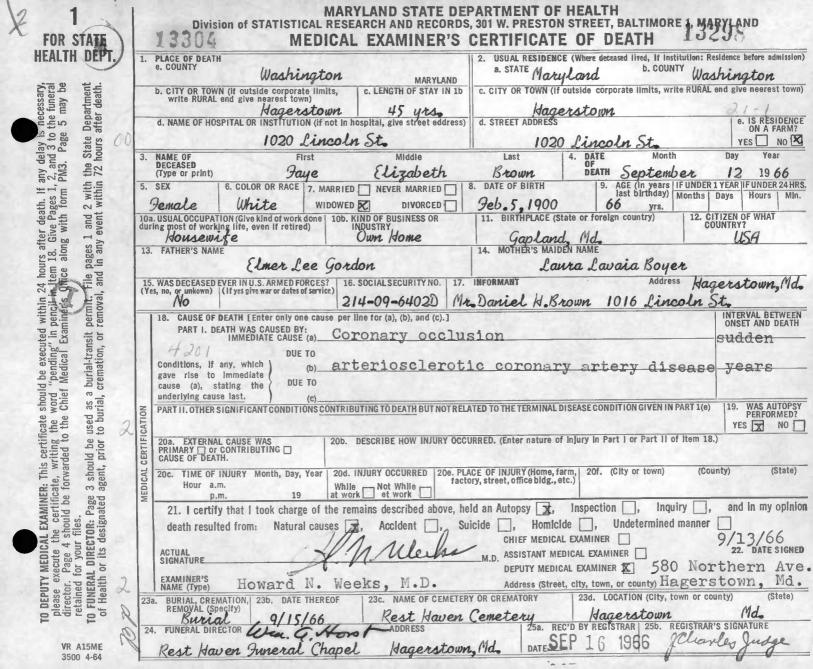
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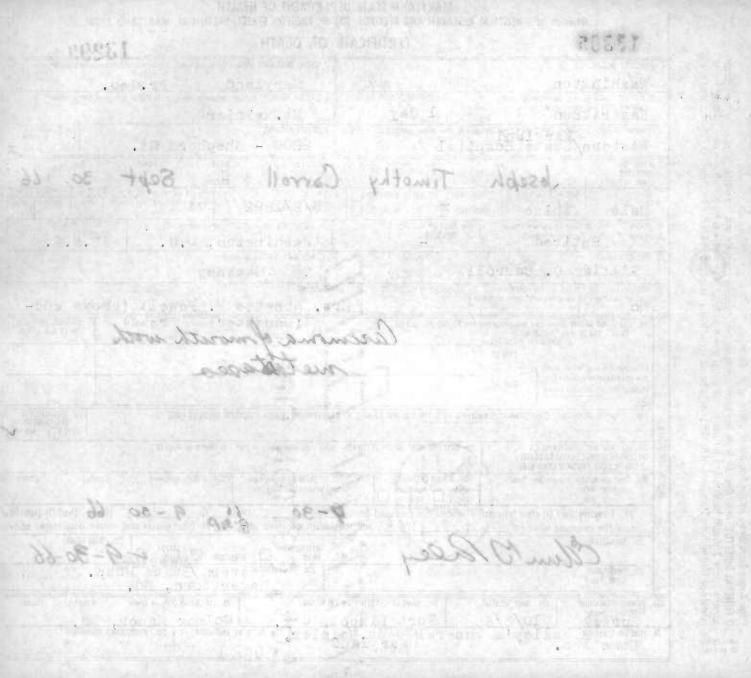
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13303 CERTIFICATE OF DEATH 24 hours ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Washington o. STATE b. COUNTY oon papers. Pages 1 within 72 hours after MARYLAND Maryland Washington filled in by the fu papers. Pages 1 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest lawn) Years Funkstown 16 Funkstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 173 NO TY YES within 3. NAME OF Middle Month remove carbon First Lost 4. DATE Day Year DECEASED William 13, 66 Brittain September John DEATH 19 be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days 13 WIDOWED DIVORCED July 30. 1905 Male White 0 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) Clothing Tresco Hazelton. Pa. certificote Taylor & Musican 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME the ottending to EdwardBrittain Elizabeth Gallop 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address requires that the death permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) 50 207-10-2392 Carrie M. Nelson, Box 173, Funkstown, Md. No. cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: oschumburial-tronsit ONSET AND DEATH signed t DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO use os the t stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? of Heolth p NO YES 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour o.m. at work to JANI 21/1 certify that (1) (this haspital) attended the deceased fram 3 should 130AM, fram causes and on the date stoted abave. 1900, and that death occurred at the deceased olive an ... 22g./SIGNATURE 22b. ATTENDING STAFF PHYS. MED. DIRECTOR director, page 3 should be filed v Ollo M.D. PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) Philip J. Hirshman, M.D. 159 W. Washington St., Hagerstown. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23g. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Cedar Lawn Memorial 9- 16- 66 Park Hagerstown. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH

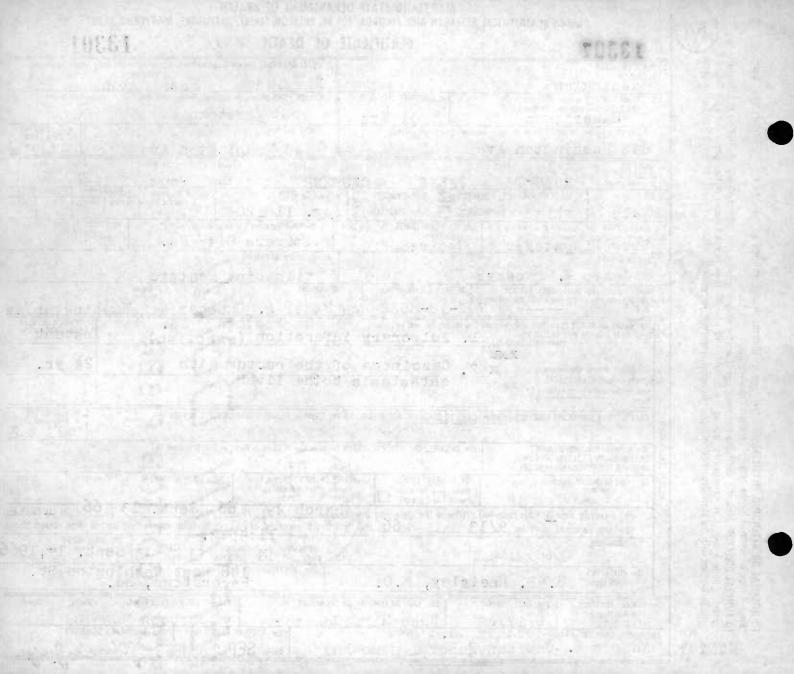


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY sicial and completely filled in by the fease remove carbon papers. Pages 1 and in any event, within 72 hours after Washington Maryland MARYLAND Washing ton b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Gateway Nursing Home No.Potomac Street ND N YES within 3. NAME OF First Middle Last DATE Month Day Year DECEASED DF DEATH September (Type or print) John Burchel 1 27 Castleman 19 66 executed 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIED Male White WIDOWED X March 7.1898 DIVORCED [ 68 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN DF WHAT COUNTRY? 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Machinist Brucetown, Virginia physical phy requires that the death certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending phermit. Then remova John Samuel Castleman Virginia Aulabaugh 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 232-01-8646 ed by the attend transit permit. , cremation, or re 16. SOCIAL SECURITY ND. 17. INFORMANT Address Donald R. Castleman-Martinsburg. West Va. been signed by the the burial-transit for to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. Myocarsin Intercenous A WOOTHON DUE TD ARTERIOSCIERO TIC HEMIT DIGENSE YENRS Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior NATERIOSCUEROSIS CHERENALIZES TELMS underlying cause last. has SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate PERFORMED? hospital or Purammy y Employstrup. HYPERTONSING COV DISENSE YES | NO. 0 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work After While be p.m. at work DIRECTOR: Af age 3 should lied with the S retained 21. I certify that (I) (this hospital) attended the deceased from 12 2007 . 19 66 that (1) (we) last 1966 to 27 230T and that death occurred at 1132 A.M. from the causes and on the date stated above. 27 SENT 19606 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page Should be filed y ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) FEHN BA Poromise ST BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Burial 9-30-1966 New Norborne Cemetery Martinsburg Berkeley REC'D BY REGISTRAR | 25B. REGISTRAR'S SIG 24. FUNERAL DIRECTOR **ADDRESS** VR AI5 (4) Martinsburg, W. Va. Home 20M 1/65

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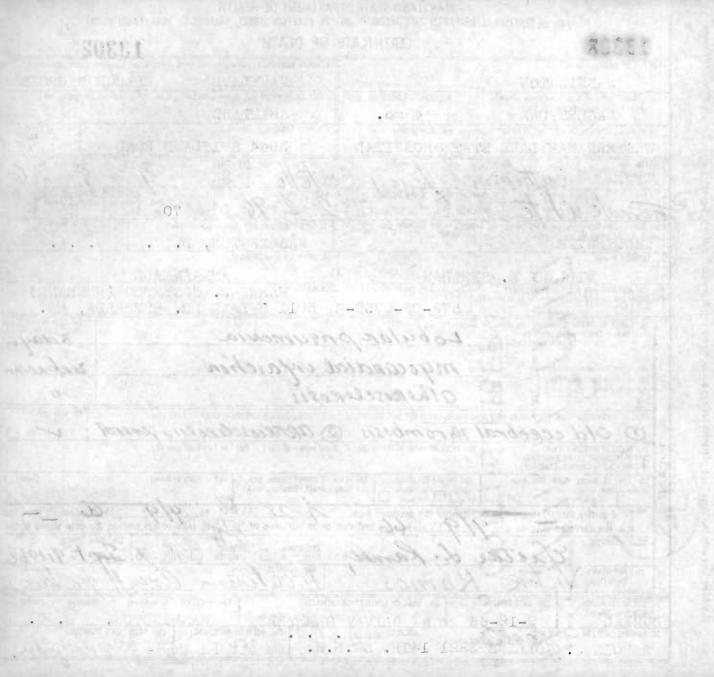
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. **OR ATTENDING PHYSICIAN:** The low requires thot the death certificate be executed within 24 hours after death. the ottending physician ond completely filled in by the funeral sit permit. Then pleose remove carbon papers. Pages 1 ond nation, or remo<u>vol</u>, ond in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington o. STATE b. COUNTY Maryland Washington MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Hagerstown Yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington Ave 643 Washington Ave YES NO F NAME OF DECEASED Middle DATE Year Last First 19 ROBERT DEATH Sept (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED last birthdoy) 62 yrs. Manths Dovs Hours 11 1904 Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crew Dispatcher 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY Baltimore City Md. etired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removal James F. Causher Wilhemina Beattie WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, ar unknown) (If yes give war ar dates af service 5-10-6532 Ethel Causher 643 Washington Mrs A. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Haerstown INTERVAL BETWEEN buriol-tronsit n SHETAND PEATH 1. Pulmonary infarction (embolism) IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by NO COLUM Carcinoma of the rectum with yr. Canditians, if any, which gave rise to immediate cause (a), metastasis to the liver DUF TO stating the underlying cause 3 should be detoched for use os the with the Stote Dept. of Heolth prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (Caunty) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from March 29 19 66 to Sept. sow the deceosed alive on 9/13 19 66, and that death occurred of M, from causes and on the date stoted obove. 22b. DATE SIGNED 22a. SIGNATURE 14,1966 ATTENDING STAFF PHYS. Sept. M.D. PHYS. director, poge 3 should be filed a 148 West Washington St. Hagerstown, Md. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) B. B. Kneisley, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) 9/17/66 Rose Hill Cemetery Hagerstown Wash Hagerstown 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ivi C. VR A15 (4) Coffman Funeral Home Inc DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE ASHINGTON GEORGES MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town SUITLAND 4 mo. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) MARYLAND STATE HOSPITAL 3944 SUITLAND ROAD YES 🗌 NO [ W NAME OF First 4. DATE DECEASED Type or print DEATH IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 6. COLOR/OR RACE NEVER MARRIED In years 7. MARRIED hday) Months Haurs Days DIVORCED WIDOWED 700s 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign cauntry) and in COUNTRY? during most of working life, even if retired) HOUSEWIFE INDUSTRY WASHINGTON. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya WILLIAM E. SHEAHAN ANNA MEADE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. COSTETTO (HUSBAND) HARRY (Yes, no, or unknown) (If yes give war ar dates of service 0 578-09-976B-B DR. BETHESDA. MD. RYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed l Menosclerosis burial, Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stating the underlying couse the rr this certificate has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION Health rombosis 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While at work TO FUNERAL DIRECTOR: After at wark 21. I certify that (I) (this haspital) attended the deceased from 1960 shauld 613M, fram causes and on the date stated above. 6 and that death accurred at saw the deceased alive on DATE SIGNED 22o. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, par NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. REMOVAL (Specify) 9-12-66 WASHINGTON. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13309 and campletely filled in by the funeral-remove carban papers. Pages 1 and 2. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e executed within 24 hours after deat o. STATE Washington o.\_COUNTY\_ ashington please remove carban papers. Pages I , and in any event, within 72 hours after MARYLAND arvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yrs Hagerstown agerst own d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS West Washington St YES NO TE NAME OF DECEASED Middle 4 DATE First Year OF DEATH Sept WARREN COVER 1966 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White Male WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY the attending physician sit permit. Then please Thurmont Fred Co Md. requires that the death certificate Car Distributor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval (Unknown) Jacob Henry Cover carah ann WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) Miss Dorothy Cover 164 W. Wash St 5-10-6866 cremation, Hagerstown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY years IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO far use as the L f Health priar tab stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached should be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this hospital) attended the deceased from\_\_\_ , 19 60, to de atta, 1966, that (1) (we) last LINY/6 1966, and that death occurred at 1:776M, from couses and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR 9-30-66 M.D. PHYS 22c. PHYSICIAN 22d. ADDRESS NAME (Type) S. Prospect St., Hagerstown, Md. John C. Stauffer, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) 10/3/66 Haven Cemetery gerstown Wash uria 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Hagerstown .d. 1966 Coffman Funeral Home Inc. Andrew K.

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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13304
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Fig. 6 a.y	Washington Maryland Pennsylvania
cessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Hagerstown  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Ft. Loudon, Pa.
the free feer	Hagerstown 13 days Ft. Loudon, Pa.  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
delay at the in Page 5 m State Departments after	Washington County Hospital
50 DE	3. NAME DF First Middla Last 4. DATE Month Day Year
5 1 ± N	(Type or print) Howard N. Coy   DEATH September 23, 19 66
tth. If all ges 1, 2 form P within	5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 14RR   IFUNDER 24 HRS   Iast birthday)   Months   Days   Hours   Min.
er deat live Pag with with	1Da. USUAL OCCUPATION (Give kind of work dona   10b. KIND DF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Give g will a la	during most of working life, even if retired)  Truck driver  Coal & stone  Saxton, Pa.
n 18. Gi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Jesse Coy Alda Dick
24 hou office Office File F	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unknown) (If yes give war or dates of service)
within pencil ir miner's permit.	Yes WW II 193-09-6718 Masood F.H., Saxton, Pa.
ited within the control of the contr	18. CAUSE DF DEATH [Enter only ona causa per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of spleen  Interval Between ONSET AND DEATH  13 days
ng" in En	936 6 DUE TO
be exe pendin Medica urial-tr ematio	Conditions, If any, which ) (b) fracture of ninth left rib
	gave rise to immediate cause (a), stating the DUE TO
shoul word Chief as a urial,	underlying causa last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   119. WAS AUTOPSY
certificate should iting the word "led to the Chief I do be used as a brior to burial, cr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES 1 NO 1
tific to to to to to to	TELOUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Itam 18,)
NER: This certificate should ifficate, writing the word be forwarded to the Chiefings 3 should be used as a led agent, prior to burial, con	PRIMARY OF DOT CONTRIBUTING D Dand they /Arty dat 4 feb 4/25 tim , was trying to stop a fight
This rwa	
NER:	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour Xand. Sept 9 19 66 While Not While at work American Legion Ft. Loudon Pa.
Par de la	21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🗌, Inquiry 🦳, and in my opinion
the certification in the certification is should in the certification in	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER 9/23/66  ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
200.0	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 580 Northern Ave
DEPUTY lease ex rector. stained f FUNERAL	EXAMINER'S NAME (Type) Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Total and the second se	REMOVAL (Specify) 9/25/66 Fockler Cem. Saxton, Penna.  24 FUNERAL DIRECTOR ADDRESS   25a. REG'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
VR ALSME (5)	Mencanghing Pa SEP 27 1966 Clearly Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13305 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death signed by the attending physician ond completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and burial, cremation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY ashington Maryland MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 900 Penna Ave Washington County Hospital YES NO IX NAME OF 4 DATE Doy Year DECEASED RALPH MARKWOOD COYLE (Type or print) DEATH Sept 2966 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED THE NEVER MARRIED lost birthdoy) Months Dovs Hours White Male WIDOWED DIVORCED Larch 30 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Publi COUNTRY? Keedvsville Wash Schoo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Rohrer Sylvester Covle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, qq, or unknown) (If yes give year or dotes of service Penna es 232-26-5464 Lrs Mildred E. 900 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) Hagerstown PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Repeated hemorrhage IMMEDIATE CAUSE (o) Bleeding DUE TO Conditions, if ony, which gove Duodenal ulcer rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 moy be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Pulmonary emphysema YES T NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While While at work ot work 21. I certify that (I) (this hospital) attended the deceased fram Sept. 27, 1966, to Sept. 27, 1966, that (I) (we) last saw the deceased alive on Sept. 27 1866, and that death accurred at 800PM, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Sept. 27. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S NAME (Type) William T. Layman, M. 22d. ADDRESS 100 Professional Arts Bldg, Hagerstown 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) /30/66 Rest Haven Cenetery gerstown Wash Hagerstown I.d. ADDRESS Coffnan guneral Home Inc 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles 1966

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MARYLAND STATE DEPARTMENT OF HEALTH deoth. requires that the deoth certificate be executed within 24 hours after death ottending physician and completely filled in by the funeral permit. Them please remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Washington Washington ond in any event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn Hagerstown Haaerstown UKS-IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Washington County Hospital 761 Spruce St. YES NO X 3. NAME OF Middle 4 DATE Month Last Day Yeor DECEASED 9da Marie DEATH September 25 (Type or print) 19 66 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Hours Days White Female WIDOWED X DIVORCED March 15, 1898 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) Own Home Keedysville, Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lewis Kindle Mary Churches Address Hagerstown Md. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na. or unknown) (If yes give wor or dates of service) 2.17-32 permit. 0 Mrs. Dolly Wissinger 308 Nottingham Road 18. CAUSE OF DEATH (Enter only one couse per line for (a), signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Poge 4 may be retoined by the hospitol or attending physicion. DUF TO Conditions, if any, which gave rise ta immediate cause (a). DUF TO stoting the underlying cause os the FUNERAL DIRECTOR: After this certificate hos been PART II. OWIER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION far use Heolth YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED factory, street, office blda., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last M, from causes and on the dote stoted obove. saw the deceased alive on d and that death occurred at 22a. SIGNATURE 22b DATE SIGNED director, poge 3 should be filed v M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Md Wash. Rest Haven Cemetery Hagerstown 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) 20 M 1/66 Rest Haven Juneral Chapel Hagerstown, Md

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE b COUNTY Washington Prince George Maryland MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside cornarate limits, write RURAL and give nearest town) write RURAL and give nearest town) 21 mos. Lanham Hagerstown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Western Maryland State Hospital 9312 Fontana Drive NO X 3. NAME OF DECEASED lost Doy Year OF DEATH Thomas Washington September Cupp 19 66 (Type ar print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS irthdoy) Days White Male Dec. 22,1879 WIDOWED DIVORCED 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY Jextile COUNTRY Jacksonville. Alabama 13. FATHER'S NAME Henry Cupp Nancy Stewart Address North Carolina 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknawn) (If yes give wor ar dates of service) Charles J. Cupp 609 Charles Ave. Charlotte 246-09-5823 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: hneumonia IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) rteriosclerosus YES NO lor 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While 19 ot work ot work 19\_\_\_, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 1500 NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23h DATE THEREOF Removal & Burial Evergreen Cemetery Charlotte Mechlenburg, 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) Hagerstown Md. Rest Haven Juneral Chapel DATE

requires that the deoth certificate be executed within 24 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Washington 0 Maryland Washington 72 haurs after death. MARYLAND CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town dagerstown 56 yes Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 228 S. Locust St. 228 S. Locust St in Item 18. Give Pages State NO X haurs after death. 3. NAME OF Middle Inst Dov DECEASED Harry Clayton Deaver DEATH September (Type or print) 19 66 with S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Doys Hours July 16, 1890 White Male WIDOWED land 2 event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Rileyville, Virginia 13. FATHER'S NAME Joseph Deaver Jennie Walker and Address Hagerstown Md IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT be executed 15. WAS DECEASED EVER IN U.S. AKMED FORCES:
(Yes, no, or unknown) ((If yes give wor or dates of service) 217-10-2803 removal Mrs. Ollie Deaver 228 S. Locust St. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 0 IMMEDIATE CAUSE (o) ward burial, crematian, Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse WAS AUTOPSY PART\_IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my opinian Natural couses X Suicide . death resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER - 30-66 **EXAMINER'S** Edward . Health Ditto, III, M.D. Address (Street, city, town, or county) Hagerstown, Md 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Rest Haven Cemetery 250. R REMOVAL (Specify REC'D BY REGISTRAR 2Sb. Marles VR A15ME (5) 1966 Rest Haven Funeral Chapel Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13316 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death pup death physician and campletely filled in by the funeral on blease remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Maryland MARYLAND Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. write RURAL and give pearest town) Hagerstown Hagerstown remove carban papers. n any event, within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X 3. NAME OF Middle Lost Year DECEASED Belva Derr Gay September 19 66 DEATH (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED birthdoy) Dovs Hours 1 July 18, 1897 White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) Own Home COUNTRY? Washington Co. Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Venton Suther Palmer Martha Jane Smith remor IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mr. C.O. Berr 24 High St. Kagerstown Md. 212-14-6311 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Recent IMMEDIATE CAUSE (o) \_ by DUF TO signed I Conditions, if ony, which gove Hypertensive Cardio Vascular Disease rise to immediate couse (o). DUF TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? USe NO S far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (I) (this haspital) attended the deceosed from March, 1966, ta Sept. 1, 1966, that (I) (we) lost saw the deceosed alive on Aug. 26. 1966, and that death occurred at 6 P. M, fram causes and on the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE 9-6-66 DIRECTOR M.D. directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ditto. Jr. Washington St., Hagerstown, Md. 23d. 10CATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) Md Wash. Hagerstown 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE SEP Rest Haven Funeral Chapel Hagerstown, Md. 1986

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY. a. STATE MARYLANO funeral b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours med YES NO L-3. NAME OF First Middle Last DATE Month Year DECEASED EPIT 1966 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours 1 WIDOWEO DIVORCED 20 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) MOUSTRY COUNTRY? SA 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 720 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED SKULL burial-transit cremation, or INTRA-ABDOMINAL HEMORRHAGE cremation, (b) FRACTURED LEFT FEMUR INSTANT Conditions, If any, which I gave rise to immediate DUE TO SEVERE LACERATIONS OF LEG & FACE cause (a), stating the O underlying cause last. used as to burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO X YES 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Pa IN COLLISON WITH ONCOMING CAR 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While at work A at work STATE FAIRPLAY MD. RI Inspection X, inquiry 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Accident X. Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9-4-66 DEPUTY MEDICAL EXAMINER director. **EXAMINER'S** .W. DITTO XXXXX Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9 FISSELS ADDRESS testeal REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR VR ALSME (5) 1/65

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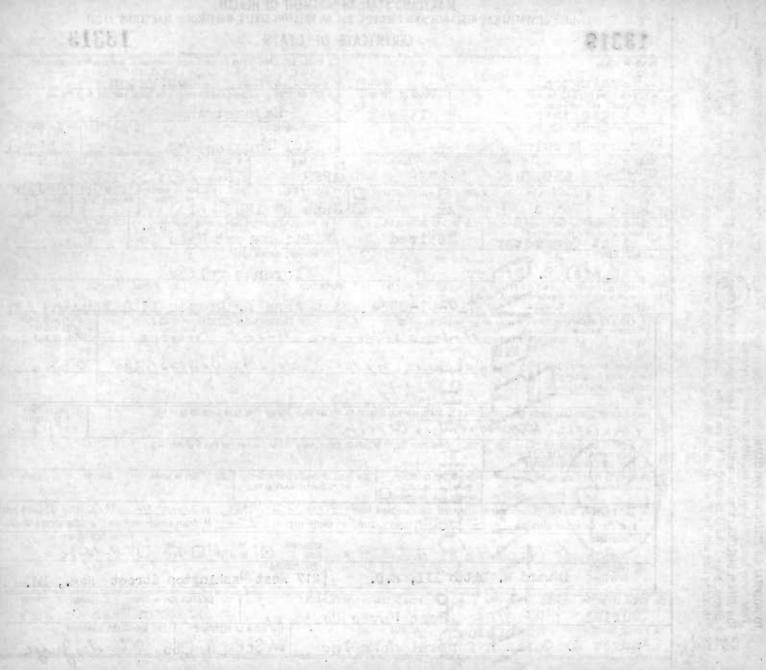
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please carban papers. Pages I and 2 sit permit. Then please carban within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE L COUNTY Washington MARYLAND Maryland emave carban papers. Pages I any event, within 72 hours after shington CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Weeks liamsport Hagerstown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Williamsport ganatarium 609 NO XX YES 3. NAME OF Middle 4. DATE Month First Lost Year DECEASED DICK 19 66 MARGARET DEATH September (Type or print) 9. AGE (In years Jast birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Hours White Aug 26 WIDOWED TO DIVORCED 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Hagerstown Wash Co Home Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Doarnberger Mary Purcell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) 610 Frederick Charlotte Bellomy None crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit uprulo03; IMMEDIATE CAUSE (a) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO acolo-lascular Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been far use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Toctory, street, office bldg., etc.) 19 of work ot work shauld be 21. I certify that (1) this hospital) ottended the deceased from 19 66, and that death accurred at M, from causes and an the date stated above saw the deceased alive an\_\_\_\_ 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS. director, page shauld be filed 22d ADDRESS PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) erstown Wash Rose will Cemetery ADDRESS ZSd. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Coffman Funeral Home Inc 1966 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 13319 CERTIFICATE OF DEATH deoth. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death icion and campletely filled in by the funeral lease remove corban papers. Pages 1 and and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY a..STATE b. COUNTY Mar Washington ashington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Week Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Garlock Nursing Home 1101 Maugans NO VE Middle 4 DATE 3. NAME OF First Lost Year DECEASED LESTER DRAPER Sept 14 1966 (Type or print) DEATH 9. AGE (In years JE UNDER 1 YEAR | JE UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last birthday) Months Dovs Hours Male White WIDOWED 3 DIVORCED June 1885 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during mast of working life, even if retired) INDUSTRY red Williamsport Wash Freight Conductor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or removal, Daniel S. Draper Florence Wolford 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) 717-07-9384 Miss Anna M. Draper 1101 Maugans the offe INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hagerstown signed by the buriol-tronsit p ONSET AND DEATH Asterio Scherotic Heart Poge 4 may be retained by the hospital or attending physician. DUE TO rteriosclerosis generalized Conditions, if ony, which gove 20 V2 rise ta immediate cause (a), DUE TO stoting the underlying cause as the O FUNERAL DIRECTOR: After this certificate hos been Semili 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Benique NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark pe 21. I certify that (I) (this hospital) attended the deceased fram Aug. 1966, to Sept. 14, 1966, that (I) (we) last saw the deceased alive an Sept. 13 1966, and that death accurred at 23 M, fram causes and an the date stated above. director, page 3 should should be filed with the 22b. DATE SIGNED 22g-SIGNATURE ATTENDING MED. DIRECTOR 9-14-66 M.D. 22d, ADDRESS 22c. PHYSICIAN'S Edward W. Ditto III. M.D. 217 West Washington Street NAME (Type) Hag. Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) 23a. BURIAL, CREMATION, 23h DATE THEREOF REMOVAL (Specify) Hagerstown Wash Co Rest Haven Cemetery 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hagerstown Madadoress 24. FUNERAL DIRECTOR Andrew K. Coffman Funeral Home Inc 1986 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon popers. Pages 1 and a. COUNTY Mary land b. COUNTY Washington Washington MARYLAND oon popers. Pages I within 72 hours after c. CITY OR TOWN (If autside carparate limits, write RURA), and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Hagerstown 51 ura 74 Madison Ave. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital YES NO-3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED MXXXXXX Michael DEATH September 16 1966 19 NMN Farrie (Type or print) IF UNDER 1 YEAR AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) 62 yrs. Months Doys and in ony WIDOWED DIVORCED Jan. 1, 1904 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? please Food Pennsylvania / McKeesport 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME by the offending physical by the property of the physical beautiful to removo law requires that the death cent Elizabeth Cario Valentine

Address Hagerstown, Md.

errie 74 Madison Ave. Joseph Farrie 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar waknown) (If yes give war ar dates of service) 705-10-4732 Mrs Michael Farrie cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: 6 months Carcinoma, gallbladder with extensive liver met. IMMEDIATE CAUSE (o) DUE TO signed l Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying cause be retained by the hospital or attending this certificate has been for use os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Heolth | YES X NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) at wark O FUNERAL DIRECTOR: After , 19 66, ta Sept. 16, 1966, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram Aug. 13 should saw the deceased alive on Sept. 15, 1966, and that death accurred at 7:45AM, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 9-16-66 DIRECTOR M.D. be filed 22d. ADDRESS 1229 Ravenwood Hts., Hagerstown, director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) M. Rest Haven Cemetery Hagerstown 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hagerstown, Md. SFP Rest Haven Funeral Chapel 1956 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Washington MARYLANO Maryland Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstow n filled in by papers. Page 72 hours a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? Washington County Hospital ve carbon pap event, within 126 Fairground Ave. YES NO X within completely 3. NAME DE Middle Last DATE Month Oay Year DECEASED ANN MATTTDA (Type or print) **FAULKNER** DEATH 26 19 66 Sept. SEX 6. COLOR OR RACE and cor OATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months any Hours I Female Whi te WIOOWED [ July 13 1886 80 yrs. OIVORCEO = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR the attending physician t permit Then please ration, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) The law requires that the death certificate be INDUSTRY Hosiery Mill Washington, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES FAUGHANDER ANN GROSCH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 2617 S. Molbrook St. (Yes, no, or unkown) (If yes give war or dates of service) Fred Faughander Philadelphia, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH cremat been signed by the burial-transit or to burial, crema I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myecardial insufficiency retained by the hospital or attending physician. DUE TO Congestive heart failure Cenditions, If any, which (b) gave rise to immediate DUE TO Arteriescleretic heart disease cause (a), stating underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY for use Health PERFORMED? certificate Carcinoma of left breast NO 1 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of detached none Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work Sept. 26 19 66, that (I) (we) last Aug 19 61 to O 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the Sept. 26 19 66 and that death occurred at A M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO pe page MED. DIRECTOR ATTENOING STAFF PHYS. 9-26-66 Page 4 may FUNERAL irector, pa PHYSICIAN'S 22d. ADDRESS NAME (Type) 302 N. otomac St Dr. Harold R. ritch, r Hagerstewn , Md directo 23b. OATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) 0 Riverview Cemetery WIIII Sept.29 1966 Williamsport. Maryland 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Williamsport, Md. Albert L. Leaf VR A15 (4) 20M 1/65

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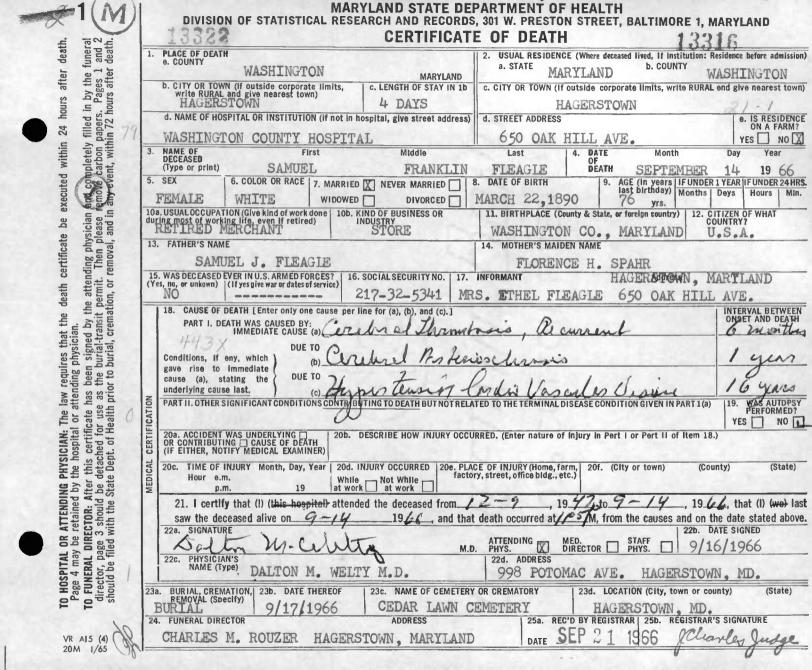
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13324 be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon popers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY Washington Maryland Washington MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 42 yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 625 Maryland Ave. NO K 3. NAME OF DECEASED Middle 4. DATE Year OF DEATH Estie September Cora Tohner 27 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White March 28, 1892 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even in retired) Own Home Augusta County, Va. 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME James Elyard Mahalia Bolton requires that the death cert 16. SOCIAL SECURITY NO. 17. INFORMANT Md 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, orunknown) (If yes give wor or dotes of service) None Mr. Wm. G. Johner 625 Maryland Ave. Hagerstown. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: CARCINOMATOSIS - SENERALIZED signed by be retained by the hospital or attending physician. DUE TO (b) C'ARCIN OWN A Conditions, if ony, which gove OUBRY YEARD rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? for use Heolth ITAPERTENSIVE PLETERIOSCHERONC HEARD NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceosed from June 1958, taSEPT 27, 1966, that (1) (we) lost saw the deceased alive an Spor 27 1966 and that death accurred at 8.1019 from couses and on the date stated obove 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may CLERO SPRING- ODD. NAME (Type) ARCHIE KOBERT COHEN M.D director, should b (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Rest Haven Cometery Hage Hagerstown 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 19\$6 Milayles Judge Rest Haven Funeral Chapel Hagerstown. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAKE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allogany Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland. Rt. # Hagerstown. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours Washington County Hosp. Homewood Addition YES NO X 3. NAME OF DATE Middle Last DECEASED Folk 19 66 Sept. John (Type or print) Fornest DEATH 2 with within 9. ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED White Malo WIDOWED March 21 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY Cumberland. Md. Construction aborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nina E. Long David J. Folk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes alve war or dates of service) Mr. David J. Folk Rt. # 1 Cumberland, Md. 2/10/53-2/9 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ushing InJury to chest and 10 burial-transit cremation. DUE TO with Hassive Internal Conditions, if any, which gave rise to immediate DUF TO cause (a), stating the C Injunies underlying cause last, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? YES NO X DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 3 should bagent, pric Struck and Crushed 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year | While Not While at work Hancock Wash Aguto #40 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry K. and in my opinion inspection X. Should Undetermined manner Accident X. Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER please ex director. retained Address (Street, city, town, or county) NAME (Type) CEMPLERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMDYAL (Specify) Restlain Memorial Cumberland, Allegany Gardens Burial 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS H. Wayne George Cumberland. Maryland VR ALSME (6) 1966 Milantes Jud

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M.D.

23c. NAME OF CEMETERY OR CREMATORY

John H. Hornbaker, M.D.

John H. Bast, Jr. 112 N. Main St. Boonsboro, Mil DATE

23b. DATE THEREOF

9- 11- 66

22d. ADDRESS

Boonsboro Cemetery Z50. REC'D BY REGISTRAR

PHYS.

Hagerstown. Md.

23d. LOCATION (City or Town)

Boonsboro.

1966

154 W. Washington St.

(County)

2Sb. REGISTRAR'S, SIGNATURE

(State)

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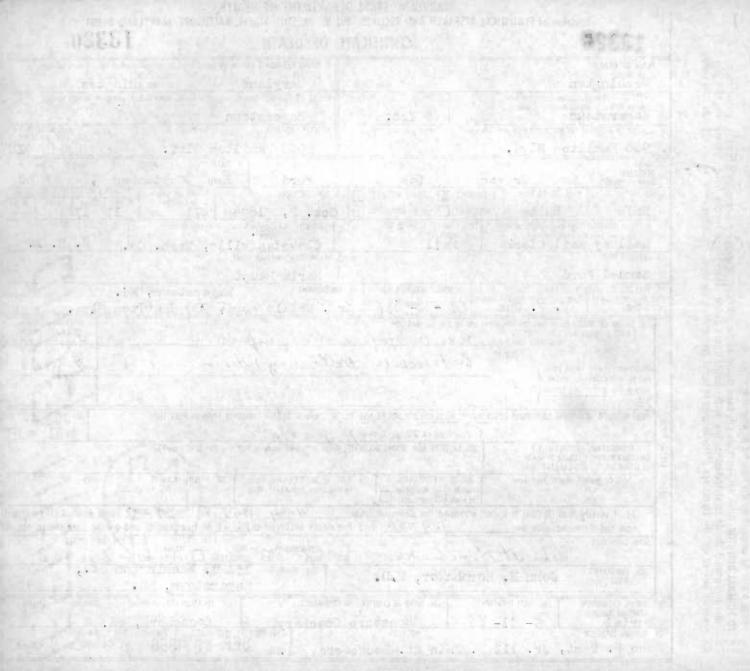
22c. PHYSICIAN'S

23a. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

Burial

NAME (Type)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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physicion. signed by the attending physician and completely filled in by the funerol burial-transit permit. They please remave corbon papers. Pages I and burial, cremotion, overravol, and in ony event, within 72 hours after deoth			PLACE OF DEATH p. COUNTY Na shington	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	ed lived, if institution: Residence before admission) b. COUNTY Washington
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hysic ple vol, c		-	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
E E		10	William Cunningham WAS DECEASED EVER IN U.S. ARMED FORCES?	16, SOCIAL SECURITY NO. 17, 1	Gertrude Gantz	Address
ermit ermit en, or		(Ye	s. no, or unknown) (If yes give war ar dates af service) No •	None M		, Boonsboro Rfd. 2, Md.
oy the cansit premotic			18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).)	- River.	INTERVAL BETWEEN ONSET AND DEATH
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			stating the underlying cause   DUE 10   last. (c)			
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0 - 0		CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part 1 or Port	11 of item 18.)
retoined by the hospitol or ECTOR: After this certificate is should be detoched for us with the Stote Dept. of Heoli		MEDICAL	Haur a.m.	Od. INJURY OCCURRED  While Not While factors at work	CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	(City or town) (County) (Stote)
ned by R: After ould be the Stot			21. I certify that (I) (this haspital) as saw the deceased alive an say	ttended the deceased fram 1966, and that		, fram causes and an the date stated abov
~ ~ ~			220. SIGNATURE	Van M.	711101	STAFF PHYS.   22b. DATESIGNED /66
o → og =	1		22c. PHYSICIAN'S NAME (Type) 6-W.L.	evan	22d. ADDRESS	lovo, Ind
O FUNER director, should b	50	23a	BURIAL, CREMATION, REMOVAL (SPETITY) 23b. DATE THEREOF 9-23-66	23c. NAME OF CEMETERY OR		ATION (City or Town) (County) (Stote)
5 p v	P	24	FUNERAL DIRECTOR	Boonsboro Ce	250. REC'D BY REGISTRA	nsboro, Md.  AR   2Sb. REGISTRAR'S SIGNATURE

DATE

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Maryland Washington MARYLANO b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 hours 1 day Hagerstown Sharpsburg 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 135 W. Main St. YES NO X within carbon 3. NAME OF Middle DATE Month Day DECEASED (Type or print) DEATH 21 19 66 Helen Elizabeth Sept. Gross 6. COLOR OR RACE | 7. MARRIEO NEVER MARRIED 8. OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove last birthday) Months | Days 18 White Female WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ician 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) COUNTRY? INDUSTRY and Shepherdstown, W. attending physic ermit. Then plea Janitorial Service Mack Truck 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Lottie Blanche Samuel F. Swope Breeben 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT transit permit. W. Main Address (Yes, no, or unkown) ((If yes give war or dates of service) law requires that the death Mr. Gerald Sharpshurg 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH ned by Il-transit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. Respiratory failure been signed the burial-transprint to burial, cre DUE TO Massive subarachnoid hemorrhage 24 hours Cenditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY certificate h for use Health PERFORMED? PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) etached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work 9-21-66, 19 P 9-20-66 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: shoul and that death occurred at 1:20% from the causes and on the date stated above. 9-21-66 saw the deceased alive on. 22a. SICNATURE 22b. DATE SICNED ATTENOINC page MED.
DIRECTOR STAFF PHYS. 9-22-66 O FUNERAL director, pa should be fil O HOSPITAL 22d. ADDRESS PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 132 N. Potomac St., Hagerstown, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Memoria 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. Burial (Specify) 01 Lawn Memorial Sept. 24-66 Hagerstown Maryland 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13327 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission Jefferson V 2, and 3 to PM3. Page o. COUNTY Washington o. STATE MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hagerstown c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h Charles Town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office alang with farm 72 hours Washington County Hospital Box 386 State | YES NO 3. NAME OF 4. DATE Doy Year DECEASED OF DEATH Sept. 19 66 Pe (Type or print) within S. SEX 6 COLOR OF RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED \* last birthdoy) Months Doys Hours WIDOWED DIVORCED Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **PHEN** Virginia racing 13. FATHER'S NAME within pencil 14. MOTHER'S MAIDEN NAME Susie Lackey Esau Grim gud IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service permit. removal Clarence Grim. Berryville. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) Ward cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Con Cussian NO agent, priar to 2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form, (City or town) (County) While Not While at wark foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted fram: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ( Add by Street, city, town, or coupy the sant to we 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Green Hill Cemetery Berryville, Virginia 2So. REC'D BY REGISTRAR VR A15ME (5) 1966

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEA a. CDUNTY	TH				2. USUAL RESIDENCE	CE (Where decea			nce before admission
a. CDONTI	WASHINGT	ON	MARYLAI	un I	e. STATE	ARYLAND	b. COUN		HINGTON
b. CITY DR TD	WN (if outside corpora	te limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corpo	rate limits, wri		
Write RURA	WN (if outside corpora L and give nearest tow AGERSTOWN	(N)	1 MONTH	113	HAGERS	STOWN			51 1
			ospital, give street addi	ess)	d. STREET AOORESS				e. IS RESIDENC
	CK CONV. HOM				974 JEFFE	ERSON BI	LVD.		ON A FARM?
3. NAME DF DECEASED	FI	rst	Middle		Last	4. DATE OF	Month	D	ay Year
(Type or print)	FRANC	IS	JOSEPH		HAMBURG	DEATH	SEPTEM	BER 20	19 66
5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	718	B. DATE OF BIRTH	9. /	AGE (In years   ast birthday)	FUNOER 1 YE	AR IF UNDER 24 HR
MALE	WHITE	WIDOWED	DIVORCED	7 1	FEBRUARY 13,	1889 7	yrs.	Months   Oays	s Hours Min
10a. USUAL OCCUPA	ATION (Give kind of work king life, even if retire	done 1Db. K	IND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (C	ounty & State, or		12. CITIZE	N OF WHAT
RETIRED	MACHINIST	R	AILROAD		BLAIR CO.	PENNA		U.S.	
13. FATHER'S NA	ME				14. MOTHER'S MAIL				13571
	CHARLES F.	HAMBUR	G		ANNA RENN	ETT			
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY ND.	17.	INFORMANT	HAC	ERSTUM	MARYI	LAND
NO NO	(11 yes give war or dates of		05-10-6577	MR	S. JACK COM				
18. CAUSE OF	F DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]					1 IN	TERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY	in last	60 Static	br	elimionia	-du	Rus	2	NSET AND DEATH
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1	OUE eny, which \	(b) N=	When solon		10 = Poli	auga d	Arto	12/6	5 mil
gave rise to	Immediate (		arry CI47	2	- 14 0 W	White Sh	- 14 / 1	7-11-1	
cause (a), underlying car	Stating the	10 SC	Lezotie U	25	cular 7	)15205.	2	1	25425
		ONS CONTRIBU	JTING TO CEATH BUT NOT	RELA					9. WAS AUTDPSY
STUG V			Bilaterel			-			PERFORMED? YES NO
PART II. OTHER  PART II. OTHER  OTHER  20a. ACCIDEN  DR CONTRIBU  (IF EITHER, N	T WAS UNDERLYING TING CAUSE OF DEA OTIFY MEDICAL EXAMI	TH NER) 20b. I	DESCRIBE HOW INJURY	DCCU	RRED. (Enter nature of	f Injury In Part	l or Part II of	Item 18.)	
	INJURY Month, Oay,		NJURY OCCURRED   2De	. PLA	CE DF INJURY (Home, fa	arm. 2Df. (C	Ity or town)	(County)	(State)
Hour a	.m.	1			ry, street, office bldg., e				
	o.m. 19					0/1	. (30	20 11	13 1 (1) ( ) 1-
21. I cert	ity that (I) (this hosp	oital) attend	ed the deceased from	1/	14 1	906, to 2	140 Y 20	_, 19_66_,	that (I) (we) Ia
saw the d	eceased alive on	Spr J	<u>5</u> 19 66, and	tnat	death occurred at	M, Tron	the causes a	and on the d	ate stated abov
1 22a. Goldan	0 / 1.1	- ( ) A	1/2 m		ATTENOING PHYS.	MED.	STAFF PHYS.	9/21/	
22c. PHYSIC	IAN'S	12/11	10,11	M.D	PHYS. 22d. ADDRESS	DIRECTOR _	PHYS.	7/21/	1900
NAME (	Type)	W. DIT	ro, III. M.D.		219 W. W	ASHINGT	ON ST.	HAGERST	OWN. MD.
23a. BURIAL, CRE	MATION, 23b. OATE	THEREOF	23c. NAME OF CEMI	TERY	OR CREMATORY	23d. LDC/	ATION (City, to	wn or county)	(State)
BURTAL (S	SEPT.	23,196	6 REST HAV	EN	CEM.	HAGE	RSTOWN,	MARYLA	ND
24. FUNERAL OII			ADDRESS	1		C'D BY REGIST	RAR   25b RE	GISTRAR'S SI	GNATURE
CHARLES	M. ROUZER	HAGI	ERSTOWN, MAR	YL	AND DATE	DEL 5	1300	4	9
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CHARLESTOWN, INVOICEMENT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. within 24 hours after death filled in by the funeral papers. Pages 1 and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington papers. Pages 1 hin 72 hours after Marvland MARYLAND Frederick CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 hours Myersville Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Co. Hospital YES NO X Harp Ave 3. NAME OF please remave carban 4 OATE crematian, or removal, and in any event, wit Day Year letely **OECEASED** GRACE HARP AMELIA Type or print DEATH September and comp AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthday) Months Oays Hours female white Apr.15,1888 WIDOWED DIVORCEO 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR requires that the death certificate be during most of working life, even if retired)
HOBSEWITE COUNTRY? INDUSTRY attending physician permit. Then please II.S Washington Co. Md own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Curtis Gouker Annie Travers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Elmer L. Harp, Myersville. Md. none INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gove rise to immediate couse (o), DUE TO far use as the b f Health priar tab stating the underlying couse Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION with the State Dept. af Health NO 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF OEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. foctory, street, affice bldg., etc.) Not While of work be 21. I certify that (1) (this haspital) attended the deceased fram. 19 \_\_, that (1) (we) last \_M, fram causes and an the date stated above. and that death accurred at, sow the deceased alive an SIGNATURI 22b. OATE SIGNED **OIRECTOR** director, page 3 22d. **ADORESS** PHYSICIAN'S POTOMAC AVE., HAGERSTOWN, MD. NAME (Type) RICHARD BINFORD. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Mt. Zion E.U.B. Myersville Fred.Co.Md 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Melanles VR A15 (4) 20 M 1/66 Bittle, Myersville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13327

1. PLACE OF DEATH	Н	1 1 1 1 1			IDENCE (Where	deceased lived, If	Institution: Resi	idence before	a dmission)
	Washingt	on	MARYLAN	a. STATE	Va.	b. COU	3.0	nan	1
b. CITY OR TOWN ( write RURAL and	if outside corporate limits,	c	LENGTH OF STAY IN			orporete limits, writ		rgan	wn)
Boonsho	ro		2 Yrs		celey S	prings		15-3	5
	TAL OR INSTITUTION (IF		il, give street address)	d. STREET ADE	DRESS			ON	A FARM?
3. NAME OF	Nursing H	ome	40.10					-	NO X
DECEASED (Type or print)	Carri		Middle E. H	lawvermale	4. DAT			2 Yee	66
5. SEX	6. COLOR OR RACE 7			8. DATE OF BIRTH		9. AGE (In years	•		
Female	2.22 4 .	. MARKIED [		Mar. 17,	1885	last birthday)	Months   Day	ys Hours	Min.
10a. USUAL OCCUPAT	ON (Give kind of work	10b. KIND		ISTRY   11. BIRTHPLACE			12. CITIZE	N OF WHAT	COUNTRY?
done during most of wo	erking life, even if refired)				_	y W. Va	-	A	
13. FATHER'S NAME		1160		14. MOTHER'S MA	AIDEN NAME				
Pe	ter E. Haw	ver verma	ale	Mati	lda An	n Compte	on		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES7   16. SO	CIAL SECURITY NO. 17	7. INFORMANT		Adde	003 Ea	stern	Driv
No	1,703 g1 10 Wal 01 G0103 01 361 1	vice/	1	Ars Bessie	Hanco		-		
18. CAUSE OF D	EATH [Enter only one ca	nuse per line	for (e), (b), and (c).)	/	/	/	l DP	INTERVAL BE	
	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Anle	noselen	Vie Carolle	& bas	11/1/2		ONSET AND	DEATH
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Conditions, if eny			6	DISPALE	2		AUT !	/	
geve rise to immedi	iate cause								
(a), steting the u	noerrying						1		
	(c) R SIGNIFICANT CONDITION	ONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE 1	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a	n)   19. WAS /	AUTOPSY
OLLV									NO T
200. ACCIDENT W	AS UNDERLYING []   2	20b. DESCRI	BE HOW INJURY OCCU	RED. (Enter nature of inju	ury in Pert I or Pe	rt II of item 18.)		1153	МОП
OR CONTRIBUTING	CAUSE OF DEATH					. , , , , , , , , , , , , , , , , , , ,			
ZOc. TIME OF INJU	RY Month, Day, Yeer			PLACE OF INJURY (Hom factory, street, office bldg		City or town)	(County)	)	(Stete)
Hour a.m.	19	While et work	Not While et work	actory, singui, office ore,	91, 010.7			,	
21. I certify t	hat (I) (this hospital	) attended	the deceased fro	m Teb- V	196h	10. Start 1	1966	that (I)	(we) last
	sed alive on A 44.	A . A	11		A And				
22e. SIGNATURE	0,111 Pu	11/6-		ATTENDING	MED.	STAFF	9	221	DATE
٠	MIM	an		M.D. PHYS.				13/66	SIGNED
22c. PHYSICIAN'S NAME (Type)	1 111	21/0		22d. ADDRESS	A fallow a	1	9. /		= 1 3
	G WI	-EV4	un_		10 0 HM	vo w	MAGI		
23a. BURIAL, CREMATI REMOVAL (Specify).	ON, 23b. DATE THEREC		3c. NAME OF CEMETE			OCATION (City, to			itete)
Burial	9/14/19	366 1	Spohr Cro	os Rds. Ce					Va.
24 FUNERAL PHRECTOR	S SIGNATURE	/	ADDRESS	Chinal	SEP 1	6 1966	GISTRAR'S SIG	A 13	LAR.
41	toresent To A	Mes	Merkeley	July DA	TE SEP	בע ווייס	1	The same	0_

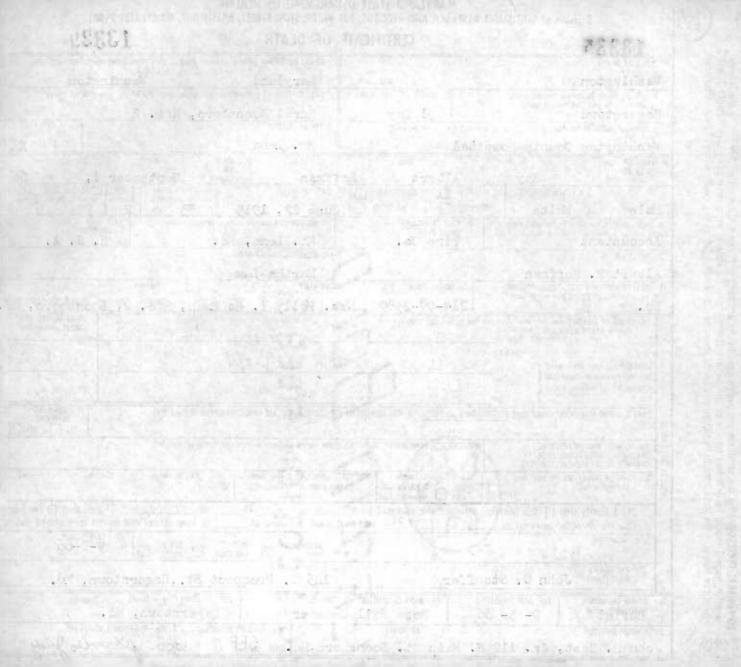
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13334 CERTIFICATE OF DEATH the ottending physician and completely filled in by the funeral sit permit. The copies remove corbon papers. Pages 1 and 2 mation, at removal, and in any event, within 72 hours after death. **OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY ashington o. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown Hagerstown e. IS RÉSIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2208 Virginia Washington County Hospital YES NO [ burial, cremation, ar removal, and in Anna Anna 3. NAME OF Middle First 4. DATE Month Last Dov DECEASED Hess Enna Margaret 19 DEATH ept (Type or print B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED olast birthdoy) Months Hours Female White Dec.9,1877 WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? A. during most of working life, even if retired) Ноие Emmitsburg 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hess Agnes Jane Baker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Ave (Yes, no, or unknown) (If yes give wor or dates of service) John H. Spangler Hagerstown None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET, AND DEATH PART I. DEATH WAS CAUSED BY neumonitis cksh p IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove Hazrt rise to immediate couse (a), DUE TO stoting the underlying couse os the TO FUNERAL DIRECTOR: After this certificate has been VESCULET WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 should be detached for use with the Stote Dept. of Heolth NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this-hospital) attended the deceased from 40 pt - 3 1966, ta Sellt 12 , 1966, that (1) (we) last 1966, and that death accurred at 230 A M, from causes and on the date stoted above saw the deceosed alive on Sept 12 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type etema e 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION. REMOVAL (Specify) Rose Hill Hagerstown Cemetery ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR K. Coffman Funeral Home 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

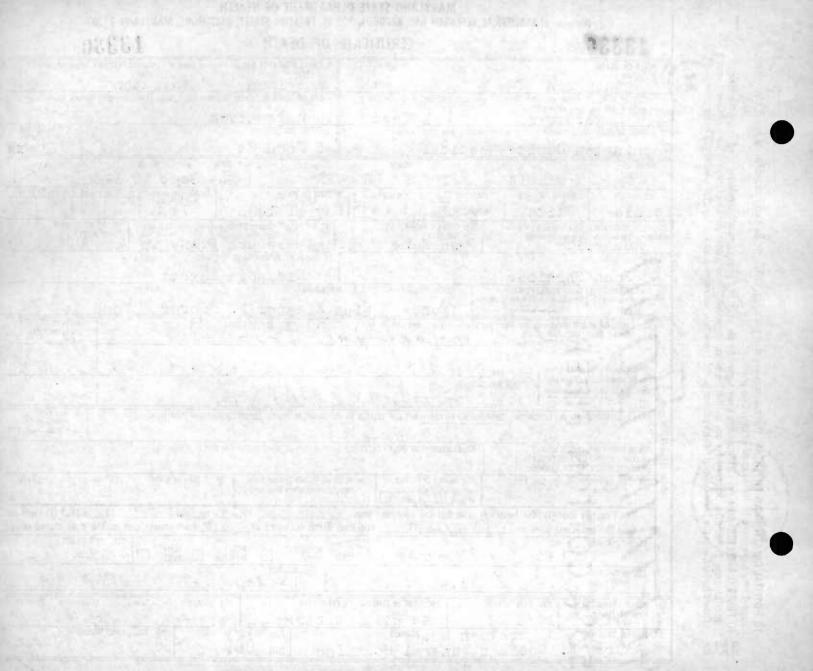
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13329CERTIFICATE OF DEATH within 24 haurs after death d in any event, within 72 hours after death. by the funeral Pages 1 and 2 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland Washington b. COUNTY Washington MARYLAND c. CITY DR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY DR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Hagerstown 1 Day Rural Boonsboro, Rfd. 2 papers. d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM Mt. Lena Washington County Hospital YES NOXX 3. NAME OF Middle 4. DATE Year First Last Day remave carban and completely DECEASED Roy Albert Hoffman September 19 66 DEATH (Type or print) requires that the death certificate be executed IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WIDDWED DIVORCED June 22, 1913 9 Male White 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 10o. USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired) Tire Co. U. S. A. Mt. Lena, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert M. Hoffman Martha Lum crematian, ar remo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFDRMANT (Yes, no, or unknown) I(If yes give war or dotes of service) 214-09-2389 Mrs. Polly I. Hoffman, Rfd. 2, Boonsboro, Md No. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO burial, a Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse Health priar ta far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS TO FUNERAL DIRECTOR: After this certificate has PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING detached for the Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (County) (State) 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Hame, farm, 20c. TIME DF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While Haur a.m. 19 of work ot work 21. I certify that (I) (this haspital) attended the deceased fram 31 ang, 19 Nept/, 1966, that (1) (we) last , ta directar, page 3 shauld shauld be filed with the are 1966, and that death accurred at M, fram causes and an the date stated above. saw the deceased glive on. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M M.D. 22d. ADDRESS 22c. PHYSICIAN'S S. Prospect St., Hagerstown, Md. John C. Stauffer NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOYAL (Specify) 9- 3- 66 Rose Hill Cemetery Hagerstown, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE SEP VR A15 (4)( 20 M 1/66 Ochanles



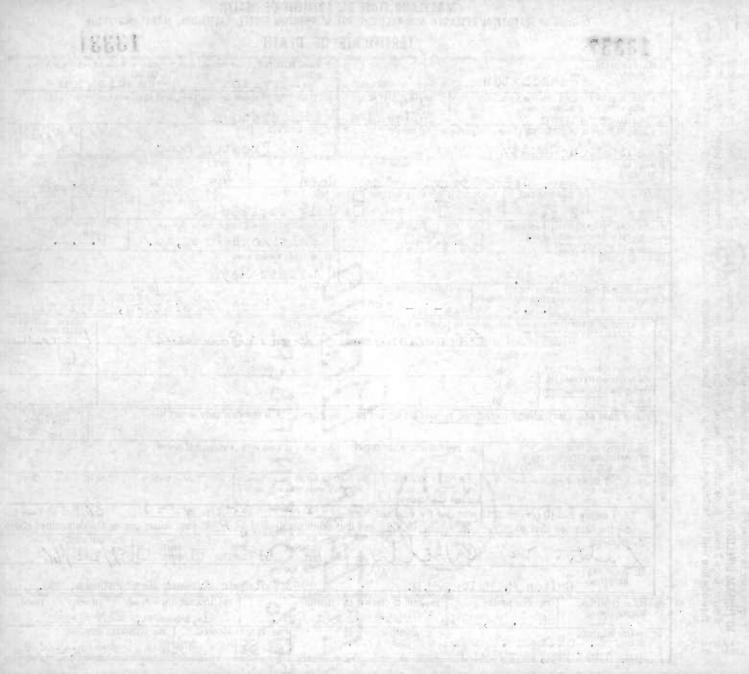
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13336 72 hours after death. certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY ashington Washington MARYLAND larvland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH DE STAY IN 16 c. CITY DR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) Week Hagerstown Hagerstown d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) ashington County Hospital Wood St YES NOXEX and in ony event, within NAME OF Middle Last DATE pleose remave corban First Month Day Year and completely DECEASED (Type or print) MARGIE TRENE Sept 30 1966 HOOVER 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR DR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours Whi te Fewale DIVORCED May 11 1892 WIDOWEDX 11. BIRTHPLACE (County & State, ar foreign cauntry) 12. CITIZEN OF WHAT INDUSTRY Home 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, eyen if retired) COUNTRY? physician Chambersburg Frank] Housewife 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME cremotion, or removol, Eleanora John Shreiner Morett affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. The law requires that the death iss Eleanor L. Hoover 5 Wood St None VO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit p the ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 moy be retoined by the hospital or attending physician. DUE TO buriol Conditions, if ony, which gove rise ta immediate couse (a). DUE TO stating the underlying cause prior to hos been for use as the last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth p NO O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH State Dept. of 3 should be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased from 1 195 8 and that death accurred at 5 20 M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. director, page 3 should be filed w PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL CREMATION. REMOVAL (Specify) 3/66 Rose will Cemetery gerstown Wash Hagerstown 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 1966 VR A15 (4) 20 M 1/66 Coffman Funeral Home Inc DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1333 3337 ebe remave carban papers. Pages 1 and 2 and in any event, within 72 hours after death requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Washington Maryland MARYLAND washing ton b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Weeks Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 600 Preston Road YES NO 3. NAME OF 4. DATE Middle Month Year and campletely f remave carban DECEASED Horn September John Edward DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Hours July 24,1886 8 WIDOWED White DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? A during most of warking life, even if retired) INDUSTRY Reti Baltimore City, Md. Clergymen

13. FATHER'S NAME erd 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, Lizzie Hevn 600 Preston Road Hagerstown, Maryland 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give wat or dates of service Mrs Bess Horn 316-46-3757 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY de un car cin oma IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (1) (this hospital) attended the deceased fram 9-21-1953, ta 9-21 , 19 (de, that (1) (we) last 1966, and that death accurred at P. M., fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATUR **ATTENDING** DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Dalton M. Welty, M.D. 998 Potomac Avenue Hagerstown, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL CREMATION. REMOVAL (Specify) Druid Ridge Cen. Baltimore, Maryland Sept. 24,1964 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR COffman Funeral Home Inc. 2So. REC'D BY REGISTRAR Messely Judge 1966 Jagerstown laryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13338 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth deoth completely filled in by the funeral love carbon popers. Pages 1 and y event, within 72 hours after deatly USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY Washington b. COUNTY Maryland Washington MARYIAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 10 weeks Hagerstown rural Hagerstown rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Avalon Manor YES NO Rd 3. NAME OF Middle 4. DATE First Last Year DECEASED (Type or print) ELDEN LOCKWOOD KERNEY DEATH Sept IF UNDER 1 YEAR **JE UNDER 24 HRS** S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Slost birthdoy) Months male white 9/5/1885 WIDOWED XX DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane during most of working life ever if retired) gov. Shepherdstown, W.Va the attending physici sit permit. Then plea 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice A. Mask James W. Kerney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service) 214-09-6309 Hagerstown, Md. Mrs. T. Aubrey Kemp INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retoined by the hospitol or attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detoched for use os the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) Nat While factory, street, affice bldg., etc.) at wark at wark death, 19\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_ . 19 Seal 1966, and that death accurred at 530 M, fram causes and on the date stated above saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE MED.
DIRECTOR 9-6-66 M.D. 22d. ADDRESS 22c. PHÝSICIAN'S S. Prospect St., Hagerstown, Md. WAME (Type) John C. Stouffer. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, DREMOVAL (Specify) 9/7/66 Rose Hill Cemetery Hagersotwn, Md. 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR DATE SEP VR A15 (4) 20 M 1/66 1966 MINNICH FUNERAL HOME Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Washington o COLINTY o. STATE delay is and 3 to M3. Poge death. Washington Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville vears d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) hours Office along with form in Item 18. Give Pages 1, Route 2 Route 2 YES K NO ote ofter death. 3. NAME OF First Middle Lost 4. DATE Month 5 Doy Year DECEASED the OF. William Edgar 19 66 Kidwell 9 3 within DEATH with S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Just birthdoy) Months Dovs Hours white male 10/6/1893 WIDOWED DIVORCED 24 hours event CV 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during paget of working life, even if retired) rallroad COUNTRY Maryland any word "pending" in pencil in the Chief Medicol Exominer's poges in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within William H. Kidwell Mary A. Phillips WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 705-10-2736 Mrs. Josephine Kidwell, W.W.] Knoxville. ves remo be 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH COTONOTY Occlusion 0 IMMEDIATE CAUSE (o) please execute the certificate, writing the word buriol, cremotion, DUE TO 1) Arteriosclerotic Heart Disease Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse 0.5 WAS AUTOPSY CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO X prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) should PRIMARY Or CONTRIBUTING should O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH ogent, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry 🔀 and in my apinian the funeral director. death resulted fram: Natural causes , Accident , Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE WASH . STEUTY MEDICAL EXAMINER necessory, 0 **EXAMINER'S** NAME (Type) DR. E.W.DITTO, III 5 may 10 FUNE Health HAG. Address (Street, city, town, or county) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (Stote) burial (Specify) 9/6/66 Episcopal Cemetery Brownsville, Wash.
BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Md. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) SEP Company, Middletown, Md. 1966 Charles DATE 6M 1/66

THE SAME

Al Didwill of the Principle of S

217 W. W SH. ST. ST.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 4 YRS. HAGERSTOWN HAGERSTOWN bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 112 ELM STREET 112 ELM STREET within letely carbon NAME DE Middle Last DATE Month DECEASED comple (Type or print) SIMON KTNDALL DEATH SEPTEMBER executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED A NEVER MARRIED last birthday) | Months | Days and MATE WIDOWED [ DIVORCED FEB. 7. 1928 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease INDUSTRY HAGERSTOWN WASHINGTON CO. MARYLAND PARK DEPT. death certificate 급 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then JOHN L. KINDALL ELLA M. SWOPE 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT HAGERS TOWAY MARYLAND transit permit. (Yes, no, or unknwn) | (If yes give war or dates of service) NO 578-34-9810 MRS. HILDA KINDALL 112 ELM STREET the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the n signed by burial-transit burial, crema PART I. DEATH WAS CAUSED BY: Hodgkin's disease, abdominal with involvement of intestinal tract, attending physician. IMMEDIATE CAUSE (a). Conditions, If any, which gave rise to Immediate r the DUE TD cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from Sept. 10 1966 toSept. 13 3 should with the D DIRECTOR: saw the deceased alive on Sept 66 224. SIGNATURE page STAFF PHYS. DIRECTOR 220 PHYSICIAN'S FUNERAL 22d. ADDRESS TO FUNERA director, NAME (Type) MATELLEW should BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1966 ROSE HILL CEMETERY 16.

ADDRESS

HAGERSTOWN, MARYLAND

INTERVAL BETWEEN ONSET AND DEATH 3 months WAS AUTDPSY PERFORMED? ND V (County) (State) . 1966 that (I) (we) last and that death occurred at 6:00M, from the causes and on the date stated above. 22b. DATE SIGNED PROFESSIONAL ARTS BLGD. HAG. MD. 23d. LOCATION (City, town or county) (State) HAGERSTOWN. MARYLAND REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NOW NOW

Year

19 66

Day

COUNTRY?

U.S.A.

VR A15 (4)

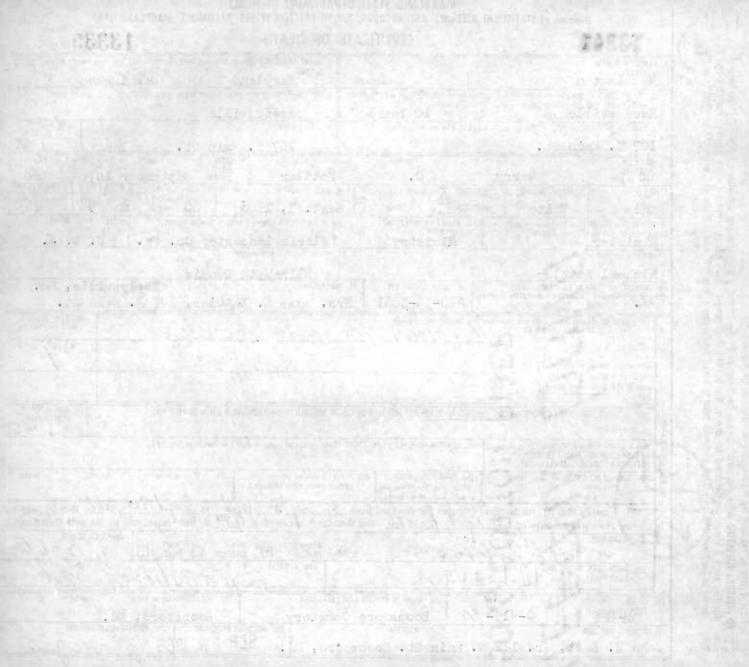
24. FUNERAL DIRECTOR

CHARLES M. ROUZER

DESTRUCTION OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH michon E shakeviovni Albu fanbabde ,enemble o'mbeben. Mant. 18 166 Lapt. 13 166 - 0.0 - 1.0 Color & 5 - 1.0 Color - 1.0 Co SECTION AND SECTION OF THE PROPERTY OF THE PRO CHARLES OF THERESE SLOT STORY, MERCHED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death ond completely filled in by the funeral remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Washington o. STATE b. COUNTY MARYLAND Maryland Washington b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Keedysville oon papers. Pag within 72 hours 10 Years Keedysville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 107 N. Main St. 107 N. Main St YES NOOK NAME OF Middle 4. DATE First Doy Year DECEASED Harry C. Kottler 19 66 September 10, (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours Sept. 5, 1886 Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Minister INDUSTRY Ministry Florin Lancaster Oc. Pa. U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Micheal Kottler Elizabeth Dennis Meedysville. Md. 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 218-34-3881 Mrs. Rose K. Kottler, 107 N. Main St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c),
PART I. DEATH WAS CAUSED BY: cremati burial-transit ONSET AND DEATH cullmani-c IMMEDIATE CAUSE (o) \_ DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO YES be retoined by the hospital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work pe to Red 21. I certify that (1) (this haspital) attended the deceased fram In all 1966 ept 6 19 66, and that death occurred at. saw the deceased alive on Jol M, from causes and on the dote stoted obove. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 9- 13- 66 Boonsboro, Md.

STRAR 2Sb. REGISTRAR'S SIGNATURE Boonsboro Cemetery 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 SEP 1966 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DAIE

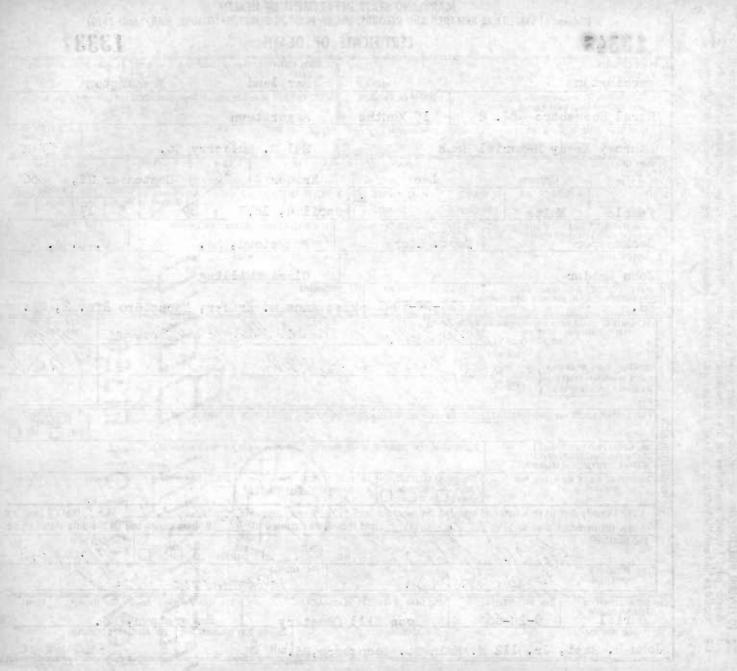


M	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORT	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1. M	ARYLAND
14		TE OF DEATH 133	36
after death.	PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE MARYIAND b. COUNTY WAS	
79	b. CITY OR TOWN (if outside corporate limits, write RUSH of STAY IN 11 75 YRS.	HAGERSTOWN	and give nearest town)
79	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 129 E. LEE ST.	e. IS RESIDENCE ON A FARM? YES NO
3.	(Type or print) MARY LOUISE	Last 4. DATE Month OF DEATH SEPTEMBER	Day Year 21 19 66
5.	FEMALE WHITE WIDOWED DIVORCED	9/15/1872   9 <sup>1</sup> + yrs.	Days Hours Min.
at	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  HOUSEWIFE  HOME	MARYLAND	TIZEN OF WHAT UNTRY?  J.S.A.
	ALFRED SMTTH	14. MOTHER'S MAIDEN NAME  ? MOATS	
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service)  NO  NONE	MR. JOHN L. HENESY MI	
100	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sula Collopse	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate	odeni gen	Mrs.
2	cause (a), stating the DUE TO underlying cause last. (c)	Runch Block	Mrs.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE		19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P face while p.m. 19 while at work at work	LACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	nty) (State)
		nat death occurred atM, from the causes and on the	
	22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	I.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DA	TE SIGNED
an pinnous 23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		
8 =	BURIAL 9/24/66 REST HAV	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	MD •
XX	N. J. MASMULL Pagerslows	ACT DATE SEP 26 1966 Police	rla Outs

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13343 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the attending physician and completely filled in by the funeral sit permit of the please remave carban papers. Pages I and sit permit of the please remave carban papers. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Washington o. STATE Maryland Washington MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Rural Boonsboro Rfd. 2 15 Months Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 241 S. Mulberry St. Fahrney Keedy Memorial Home NOC YES Middle 4 DATE NAME OF First Last Month Year Doy DECEASED 19 666 Krider Gamma September 21. Lee (Type ar print) DEATH 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years IF UNDER S SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED birthday) Months Hours Days April 4, 1877 WIDOWED DIVORCED Fema le White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Bookkeeper INDUSTRY U. S. A. Funkstown, Md. Dept. Store 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Krider Clara Shilling 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-7441 Miss Anna M. Krider, Boonsboro Rfd. 2, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) by Page 4 may be retained by the haspital ar attending physician. DUE TO signed t burial, Canditians, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying couse peen s as the priar to l last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate has USe CERTIFICATION NO YES or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year factory, street, affice bldg., etc.) While Nat While at work FUNERAL DIRECTOR: After at wark pe 21. I certify that (I) (this hospital) attended the decrared from the saw the decrared glive on 19 and that dea to that (I) (we) last directar, page 3 shauld shauld be filed with the and that death accurred of 9 sow the deceased olive on /411 20 M, fram couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 9-24-66 Hagerstown Md.
TRAR 2Sb. REGISTRAR'S SIGNATURE 0 Rose Hill Cemetery So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 SEP John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE



## death. Page 4 be retained by the hospital or attending physician. OFUNERAL CTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 smould be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ithin 24 hours after

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL death. Page 4
TO FUNERAL

VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

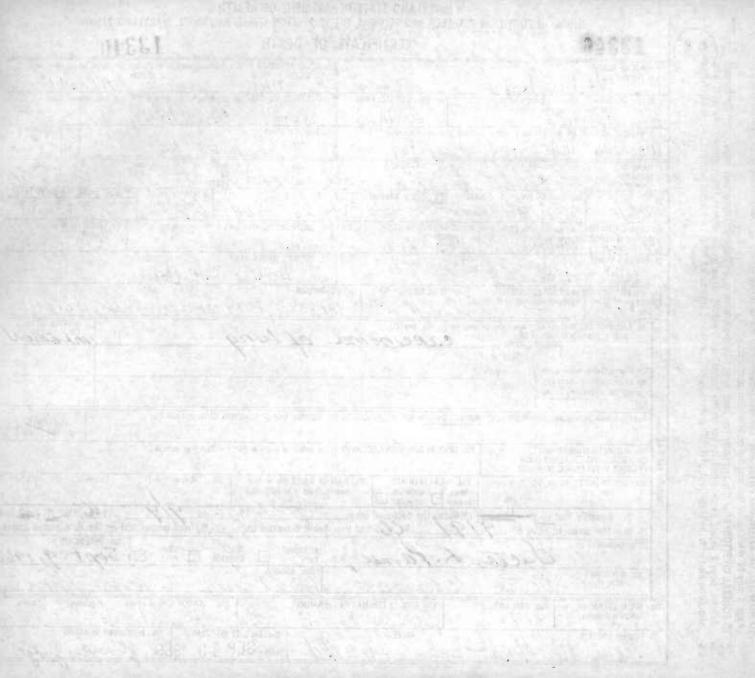
1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
" WASHINGTON MARYLAND	B. STATE KENNA B. COUNTY FRANKLIN
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	GREENCASTIE 75.2
THAT SERSIONN I JAY	73 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
WITH CO, MEDITAL	1 3 4 CIUDIEN ( ) VE, YES NO IN
3. NAME OF Pirst Middle	Last 4. DATE Month Day Year
(Type or print) WIIIAM );	(RINER DEATH SEPT. 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MACE WHITE WIDOWED & DIVORCED	9/9/1885 Syrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Farmer Retired Retired	Franklin Co. Pa U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew KRINER	Alice MYERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Yes, no., or unkewn) (Ifyesgivewarordates of service)	P. I m. a. O. Cross to P.
100	is law musseman - Greencaste, 19
18. CAUSE OF DEATH [Enter only one ceuse per line (or (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Exchico Cardinymoulour
4221	
Conditions, if any, which	5915
geve rise to immediate cause	
(e), stating the underlying	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	YES NO L
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED ON CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Part II of item 18.)
	ACE OF INJURY (Home, ferm,   20f. (City or town) (County) (Stete)
The same of the sa	trory, street, office bldg., etc.)
	Add 1 25. 0/20 white
21. I certify that (I) (this hospital) attended the deceased from	3'450
	death occured at the from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS.
NAME (Type)	The second of
174.0.111000	much see, 10
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOGATION (City, town or county) (State)
AURIAL 4/23/66/05/07	1411 AKEENCHOICE, 14
24 FUNERAL-DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1 ( Co. IVIAMACL CTREENICA	STIP LADATE SEP 2 3 1966 Policyles Jules.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13339 13345 CERTIFICATE OF DEATH death. PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND Maryland c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown Hagerstown 30 vrs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 1908 Virginia Ave Virginia YES NO 4. DATE 3. NAME OF Middle Last Year First Day DECEASED CHARLES LANDIS JOHN DEATH 1966 (Type or print) Sept. IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED ST NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) Merri and York, York Cty. 13. FATHER'S NAME cremation, or removal, Rebecca Ness Edward Landis WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ave **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottendi director, page 3 should be detached for use as the buriol-transit permit. (Yes, no, or unknown) (If yes give war or dates af service) 214-09-1550 Mrs. Margaret Landis, 1908 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary O INTERVAL BETWEEN Hagerstown, Md. 3 ONLY AND DEATH Coronary occlusion **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospitol or attending physicion. artery DUE TO Indefinite burial, oronary/disease Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause for use os the Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased from Sept. saw the deceased glive Sept. 16 166, and that death accounts M, from causes and on the dote stoted above. and that death accurred at 22a. SIGNATURE DATE SIGNED STAFF PHYS. DIRECTOR M.D. director, page should be filed Washington Street 22d. ADDRESS 7-48 West 22c. PHYSICIAN'S NAME (Type) B. B. Kneisley M.B. Hagerstown. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF (County) Green Lawn Cemetery Williamsport Wash 9/20/66 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR Hagerstown 24. FUNERAL DIRECTOR VR A15 (4) ocharles Cofiman Funeral Home Inc DATE SEP Andrew K.

Manual Administration of the Administration 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside calparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) AGEKSTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 h YES T NO X NAME OF Middle. DATE Month Day Year DECEASED OF DEATH war Type or print) IF UNDER LATEAR SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bythday) Manths Haurs any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or fareign country) edse dyning most of working life jeven if retired) **NDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remay signed by the attending burial-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. prunknown) (If yes give war ar dotes of service) 6 crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO far use as the l Health prior tab stating the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T YES 2 this certificate for 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) Nat While ot wark ot work O FUNERAL DIRECTOR: After pe 21. I certify that (I) (this bosnital) attended the deceased fram be retained and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County (State) BURIAL, CREMATION, REMOVAL (Specify) ener 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 13241

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		PLACE OF DEATH o. COUNTY	Washingt			MARYLAND			ry1	and	b. COU	INTY W	ash	ing	ton)
5		b. CITY OR TOWN (	If outside corporate limits	,	1	OF STAY IN 1b	C.	CITY OR TOWN (If or			, write RU	IRAL and give	e neores	t tawn)	
		Hager	give nearest town)		84	years		Hager	sto	wn			21	1-1	
			AL OR INSTITUTION (If no	, ,	,		d.	STREET ADDRESS	+					e. IS RES	
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	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVE	R MARRIED	B. D	ATE OF BIRTH		9. AGE (I	n yeors	IF UNDER Months			R 24 HRS.
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	10o dur	. USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)		ND OF BUSING DUSTRY, DUSTRY	NESS OR	1	1. BIRTHPLACE (County Hagerst			intry)		ITIZEN OF DUNTRY?		
	13.	FATHER'S NAME	W 12 - 2	150.7			14	. MOTHER'S MAIDEN	NAME						
		Wil:	liam H. L	eFevre	9			Mo:	11i	e Wal	lick	C			
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECU	RITY NO. 17	. INFO	RMANT			Addr	ess		N.D	100
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		18. CAUSE OF DI PART I. DEA	ATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE			refre	1	brombon						ERVAL BE	
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		rise to immediat stating the under last.	rlying couse DUE	TO (c)							T		45		
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	L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DE	SCRIBE HOW			er noture of injuration		or Port II of it	em 1B.)	40			
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. If While of work		/hile —	LACE O	F INJURY (Home, forr street, office bldg., etc.	m, .)	20f. (City o	r town)	(Co	ounty)	^	(Stote)
		21. I certi saw the d	fy that (I) (this has eceased alive an	pital) attend	ded the d	eceased fram.	for de	eath accurred at		Z tolles					(we) la: d abav
		220. SIGNATURE	& Delies	Qe_			M.D.	ATTENDING PHYS.	MED. DIRECT	TOR S	TAFF C	22b. [ 9-	21-	66p	
0		22c. PHYSICIAN'S NAME (Type	B. B. KNI	LISLE	4			122d. ADDRESS 148 W. Wash	e Ta	- St. 1	forg.	ersto	щ	len.	
		BURIAL, CREMATIC				AE OF CEMETERY (				d. LOCATION			(County	) (	Stote)
2	-1	our Tal Secify	9/23	/66	Res	t Have	n (	Cemetery		Hage			Md.		
N	24	. FUNERAL DIRECTO	R		AD	DRESS		2So. REC'	D BY RI	EGISTRAR	2Sb. R	EGISTRAR'S	SIGNATUI	RE _	1707

Hagerstown, Md.

DATE

1966

VR A15 (4) 20 M 1/66

Minnich Funeral Home

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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THE TOTAL PROPERTY OF THE STATE	Design of the second		
	Cemetery Hayes		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13348 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 haurs after death signed by the attending physicion and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and burial, cremation, ar remayal, and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Penna. Franklin MARYLAND b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If autside corporate limits, write RURAL and give neorest town) Rural Waynesboro 3 wks 75. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Co. Hospital R. D. 2 YES E NO 3. NAME OF Middle 4. DATE Last Doy Year DECEASED Marshall Sept. 19 (Type or print) Mentzer DEATH IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (ast birthdoy) Months Hours May 21, 1908 WIDOWEO DIVORCED White Male 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** Machine Repair Truck Fulton Co., Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ulysses G. Mentzer Alice Gordon 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 176-01-5419 Mrs. Marshall L. Mentzer Waynesboro #2 18. CAUSE OF DEATH (Enter only one couse per line for o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140 WAS AUTOPSY PERFORMED? NO a 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INILIRY OCCURRED 2De. PLACE DF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour om factory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this has pital) aftended the deceased fram\_ directar, page 3 shauld shauld be filed with the 1966, and that death accurred at 1500M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Greencastle, Franklin, Cedar Hill 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Waynesboro. Penna.

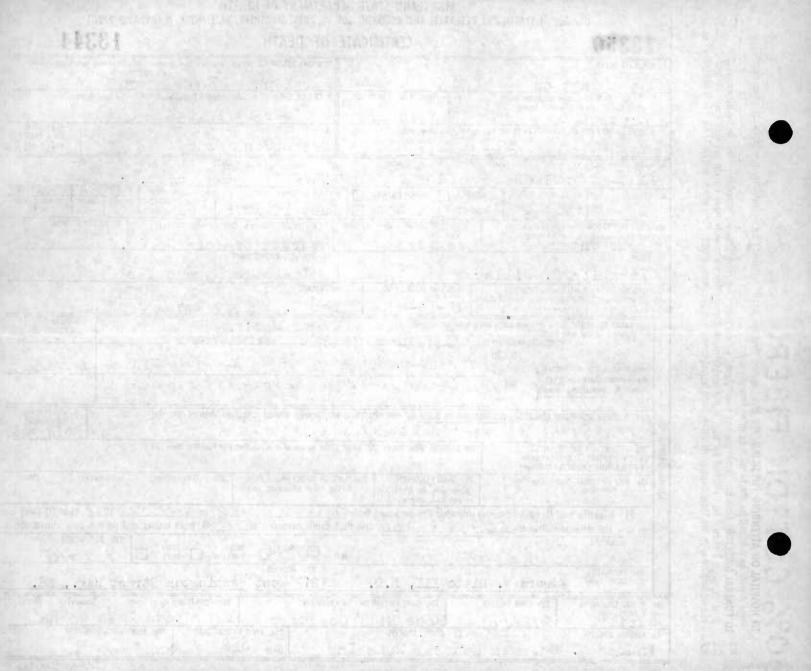
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13349 CERTIFICATE OF DEATH ve carban papers. Pages 1 and 2 event, within 72 haurs after death. requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. SIATE ryland o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown 4 meeks agerstown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Friendship Manor Conocheague Nursing Home NOw THE YES NAME OF 4 DATE First Middle Month Doy Year DECEASED September 13 CLARA 166 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED birthdoy) Months Doys Hours Female White 1879 WIDOWED X DIVORCED t 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Indian Springs Wash Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remay Isaac Grove Susan Pine 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT None Carl S. Miller Hagarstown Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse for use as the lift Health priar talk O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 8-16, 1966, ta 7-13 , 1966, that (I) (we) lost 1966, and that death accurred at 6 M, from causes and on the date stated above. saw the deceosed alive on\_ 9-12 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. -14-66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 0777ad, 410 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) WashCo Pauls Cemetery 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Hagerstown VR A15 (4) 20 M 1/66 Andrew K. Coffman runeral Home Inc 1956

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3350 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death remave carban papers. Pages 1 and 2 any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. CQUNTY Washington ashingt on MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Clear Springs R 19 Hrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cress Pond Road YES NITE X Washington County Hospital 3. NAME OF DECEASED (Type or print) 4. DATE Manth Year SIMON GEORGE MILLER Sept. DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths July 13 1875 White DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

13. FATHER'S NAME COUNTRY? **INDUSTRY** Everett Bedford Co etired 14. MOTHER'S MAIDEN NAME crematian, ar remayal. the attending physisit permit. Then p Franklin P. Moller Isabelle Barndollar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, np, ar unknown) (If yes give war ar dotes of service) signed by the attendil burial-transit permit. Elmer R. Miller Cress Pond 18-24-9295 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: Clemr Spring MD ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? ed far use of Health p -teriosclerosis, severe NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur o.m. Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased from July 2 1966, to Sept 23, 1966, that (1) (we)-lost saw the deceased alive an Sept 23 1966, and that death accurred at 7/3 M, fram causes and on the date stated above. 22b. DATE SIGNED 22p SIGNATURE MED.
DIRECTOR M.D. director, page 22d. ADDRESS 22c. PHYSICIAN'S 217 West Washington Street Hag. Md. NAME (Type) Edward W. Ditto III, M.D. shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jagerstown Wash Co 9/36/66 Rose Hill Cemetery Hagerstown La. ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Andrew K. Coffman Euneral Home Inc DATE 1966



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. certificate be executed within 24 hours after death completely filled in by the funeral nove corbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Washington Wash. MARYLAND oon papers. Poges I within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Body sboyed/ Hagerstown rural Boonsboro vears e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Fahrnev-Keedy Memorial Home YES NO 3. NAME OF First Middle 4 DATE move corbon 1 ast Doy Year DECEASED MARY J. MINNICH September 19 66 (Type ar print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED 7 MARRIED lost birthdoy) Months Dovs Hours Jan. 11, white 187 female WIDOWED I DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired)
housewife COUNTRY? INDUSTRY Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal Barbara E. Kershner Luther M. Watkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. requires that the death permit. Marryatt Watkins, Chicago, none I11 no cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEA burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by DUE TO signed buriol Canditians, if any, which gove rise ta immediate couse (a), DUE TO stoting the underlying couse Poge 4 moy be retained by the hospitol or ottending as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use for use NO 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE AOW MIURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City ar tawn) (Caunty) (Stote) 20c. TIME OF INJURY Manth, Doy, Year Not While factory, street, office bidg., etc.) at work ot work deceased fram , 1950 to deal 49, that (I) (we) last 1966 and that death occurred at 200 M, from couses ond on the date stated above. -19 . that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. sow the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. poge 3 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (Caunty) REMOVAL (Specify) Rose Hill Cemetery Hagerstown 9-7-66 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home, Hagerstown, Md. DATE SEP

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3353 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Washington b. COUNTY Washington o. STATE Maryland ottending physician ond completely filled in by the fur permit. Then please reprove carbon popers. Pages 1 on, or removal, and in am eacht, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown D. O. A. Rural Fairplay Rfd. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Washington County Hospital Tilghmanton NO X YES NAME OF DECEASED Middle 4. DATE Lost Month Doy Year Marv S. Mongan September 66 (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Poys Hours White Female. WIDOWED DIVORCED March 10. 1895 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Own Home COUNTRY? Tilghmanton, Md. U. S. A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Franklin Mongan Emma Rohrer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. Mr. Jeremiah Mongan, Fairplay Rfd. 1, Md. None INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p IMMEDIATE CAUSE (o) 4 moy be retained by the haspital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram Nov 24 , 1958 , to , 19 66 that (I) 100e) last Sep 23 saw the deceased alive an Aug 19 66, and that death accurred at M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 5 Sept 26, 1966 DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S M. E. Byrkit NAME (Type) Williamsport Maryland 21795 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 9- 27- 66 Manor Cemetery Tilghmanton, Md. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR harley John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

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1. PLACE OF DEAT o. COUNTY	Washingto		MARYLAND	DIATE OF STATE	ENCE (Where deceos	ed lived, if institutio b. COUNT	on: Residence before Washing	
b. CITY OR TOW write RURAL	N (If outside corporate lim and give nearest town) Hagerstow	its,	c. LENGTH OF STAY IN 16		N (If outside corporo		AL and give nearest	rown)
d. NAME OF HOS	PITAL OR INSTITUTION (IF I	not in hospitol, giv	ve street oddress)	d. STREET ADDR			e.	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Sol	First	Middle Martin	Nongan	4. DATE	Septemb	Dov	Year 19 <b>66</b>
S. SEX Male	6. COLOR OR RACE White		NEVER MARRIED DIVORCED	B. DATE OF BIRTH		AGE (In yeors lost birthdoy)	IF UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
during most of work	ION (Give kind of work doning life even if retired)  or Operator	e 10b. KINI	D OF BUSINESS OR USTRY MENT Mfg.	11. BIRTHPLAC	E (State or foreign co inaton Co	untry)	12. CITIZEN OF V	VHAT
13. FATHER'S NAM		as Monge		14. MOTHER'S N	Bessie Ho			
15. WAS DECEASED (Yes, no or unknow	EVER IN U.S. ARMED FORCES n) (If yes give wor or dotes	? 16. SC	OCIAL SECURITY NO. 1	INFORMANT Solie Mo		Address		Mdo
PART I. C 4 2 1 Conditions, if c rise to immed	ny, which gove )	E (0) Cor	o), (b), ond (c).) ngestive he			ıse	Se <sup>s</sup>	VAL BETWEEN T AND DEATH V. days
lost.	derlying couse	(c)	DEATH BUT NOT RELATED 1	O THE TERMINAL DISE	ASE CONDITION GIVE	N IN PART 1(o)	] 19. W	/AS AUTOPSY
	CONTRIBUTING	20b. DESC	RIBE HOW INJURY OCCURR	D. (Enter noture of in	jury in Port I or Port	II of item 1B.)	YES	ERFORMED?
20c. TIME OF Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	While of work	Not While of work	PLACE OF INJURY (Hon octory, street, office bl	dg., etc.)	(City or town)	(County)	(Stote)
		ge of the remo	ains described above, Accident , s White the second	uj <b>o</b> de 🔲 , Har CHIEF M		determined mai	nner	/20/66 DATE SIGNED
		0		DEPUTY	MEDICAL EXAMINER	580	Norther	
EXAMINER'S NAME (Type)	Howard N.	weeks	, M.D.	Address	(Street, city, town,	or county) 118	gerstow	n Md

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## **FOR** STATE HEALTH DEPT.

TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please executs are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL EVAMINER'S CERTIFICATE OF DEATH 13349

	1. PLACE OF DEATH a. COUNTY  Washington  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Resa. STATE Maryland WCOUNTY Fr	sidence before admission
1		c. CITY OR TOWN (if outside corporate limits, write RURAL a	
	Hagerstown Several hrs		10 2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Washington County Hospital		ON A FARM? YES NO.
	3. NAME OF First Middle OF Street Middle Monroe Myers, Jr.	Lest 4. DATE Month OF Sept. 26	Day Year
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
	male   white   widowed   DIVORCED	Sept. 21, 194017149 yrs.	Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  Construction	11. BIRTHPLACE (Stete or foreign country)  Maryland  12. CIT COU	IZEN OF WHAT USA
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0011
	Alton M. Myers	Edith Penwell	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)   0.7.0   70.   70	INFORMANT Addresa	
	No 212-50-7236 1	Alton M. Myers Rocky Ridg	ge, Md.
	18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ASpiration of	astric Contants - due	ONSET AND DEATH
	1 91.3 3		. // /
	gave rise to immediate (0)	Brain and Blood Vessels	4/2 hr.
	cause (a), stating the DUE TO C Cerebral ed.	ema and Compression	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	CAT		YES NO
	E I PRIMARY CONTRIBUTING C	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	a Razis
4			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor While p.m. 9-26 19 66 at work at work 40 5 p	y, street, office bldg., etc.)	1 111
	21. I certify that I took charge of the remains described above, held		and In my opinion
1		cide . Homicide . Undetermined manner	
	C 00-11	CHIEF MEDICAL EXAMINER	
	SIGNATURE CLIVER WO XI HOTH,	_M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S? 17, W. Washing toust	OEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)	7-26-66
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		nty) (State)
	Burial Specify) 10-1-66 Mt. Hone C.		ed. Co. Md.
	24) FUNERAL DIRECTOR STRONG H. Crea ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
1	Thurmont, I	Md. Days OCT 3 1966 Schape	les Indae

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE TOMARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY y the the Pages 1 hours at b. COUNTY hours after WASHINGTON MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS within WASHINGTON COUNTY HOSPITAL 810 INTERVAL ROAD within NAME OF First Middle DATE Last Month DECEASED THEODORE W. PETERS SEPTEMBER (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months I Days Hours I Min 7. MARRIED NEVER MARRIED Months I and any MALE WIDOWED K DIVORCED [ JAN. 11.1887 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY PRODUCE LABORER MARYLAND physi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes. no. or unkown) (If yes give war or dates of service) HAGERSTOWN. MARYLAND 219-01-863 WELFARE BOARD CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Teriosclerotic Cardiovascular oriseasc Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING F 19 at work at work P 21. I certify that (I) (this hospital) attended the deceased from. 28, 1966, that (I) (we) last 6 . 1966 to DIRECTOR: Jage 3 should lied with the 1966 and that death occurred at 100 PM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR Page 4 may O FUNERAL I director, pa PHYSICIAN'S 22d. ADDRESS NAME (Type) FRANK F. SHUPP M.D. ST. HAGERSTOWN. MD. POTOMAC 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, BUKLAL (Specify) ROSE HILL CEMETERY HAGERSTOWN. MARYLAND

VR A15 (4)

20M 1/65

24. FUNERAL DIRECTOR

CHARLES M. ROUZER HAGERSTOWN. MARYLAND

**ADDRESS** 

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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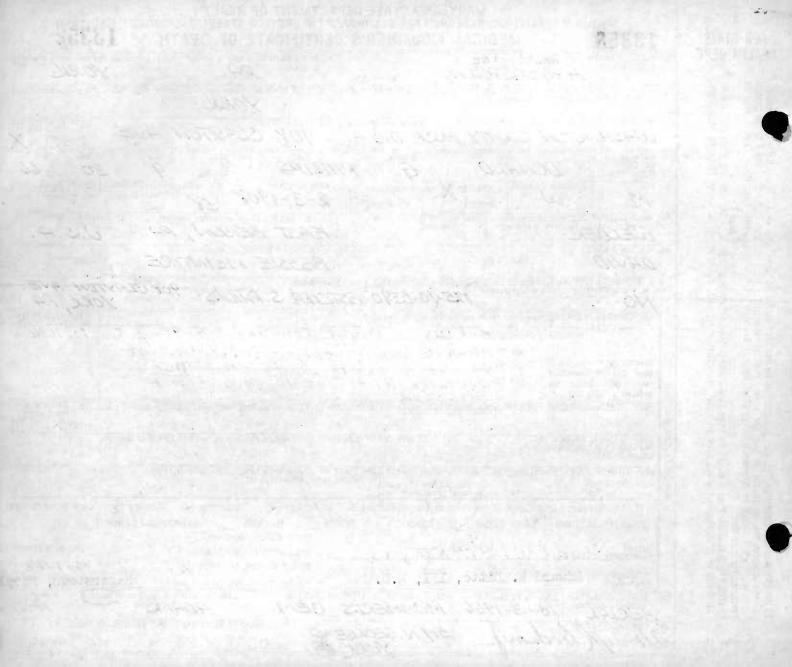
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH Washington 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY AGERSTOWN MARYLAND CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH DE STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE CLAYTON AVE DN A FARM? WASHINGTON COUNTY HOSP D.O.A. NO X 3. NAME OF Month Middle DECEASED 1966 DEATH (Type or print) 9. AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO O IVORCED WIOOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY FAST BERLIN, PA. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BESSIE MEINTIRE 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give war or dates of service) 908 CLAYTON AVE 16. SOCIAL SECURITY ND. | 17. INFORMANT ESTELLA S. PHILIPS 175-10-0390 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c), ] PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bee / USion Bight Cozunary Artery & OUE TO Marked hypertrophy + Dilatations of Conditions, If any, which gave rise to immediate Advanced Arteriosclorotic Heart couse (a), stating the underlying cause last. ccessa used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY CERTIFICATION PERFORMED? YES 🛪 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part 1 or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Pie MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. While at work 21. I certify that I took charge of the remains described above, held an Autopsy . inspection . inquiry x. and in my opinion Undetermined manner death resulted from: Natural causes . Accident . Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10-1-66 Edward W. Ditto, III. M.D. Hagerstown, Mary] retained NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City, town of county)) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) MUMMERIS 0 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATEGG VR ALSME (5) 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Washington b. CQUNTY Washington MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by 24 hours Hagerstown 2 Hagerstown Md d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Western Maryland State Hospital within NOA YES executed within completely carbon NAME OF DATE Month Day 4. DECEASED event. (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BARTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. remove 7. MARRIED NEVER MARRIED Months Days any and WIDOWED DIVORGED hysician a please re = 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR M. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Oun Home Frostbura Md. dousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME There Frank Whetstone Mollie Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Channey S. Pinney Hagerstown, Md. R.R. #6 the n signed by the burial-transit p burial, cremati CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET\_AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to Immediate the r DUF TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT YES NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part | or Part || of Item 18.) t, of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While 19 at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from 3 should with the DIRECTOR: and that death occurred at M. from the causes and on the date stated above. saw the deceased live on 22a. SIGNATURI 22b. DATE SIGNED Page 4 may be page ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN FUNERAL 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. REMOVAL (Specify) 2 Rest Haven Cemetery Burial Hagerstown Md REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Chapel Inc. Hagerstown Md Haven rineral VR AI5 (4) 20M 1/65

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE	OI DEATH		13334
I. PLACE OF DEATH o. COUNTY Washington	MARYLAND	CTATE .	where deceosed lived, if institution: Res b. COUNTY	sidence before odmission) Wash.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our Hagers	tside corporote limits, write RURAL and	give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,  Washington County H		d. STREET ADDRESS 205 D:	Lvision Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Baby Boy	Rich Middle	Lost	4. DATE Month OF Sept	. 25, Year
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	The season of th	8. DATE OF BIRTH Sept. 25,	9. AGE (In yeors lost birthdoy) yrs.	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County Hagerste		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas M. Rich		14. MOTHER'S MAIDEN N	Jo Ann Kest	er
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		homas M1 I	Address Rich, Hagerstov	wn, Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	
9		THE TERMINAL DISEASE CON		19. WAS AUTOPSY PERFORMED?
20b. DI  20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.		Port I or Port II of item 1B.)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e. PLAC			PERFORMED?
21. I certify that (I) (this hospital) attentions as the deceased alive on	NJURY OCCURRED 20e. PLAGE Not While foch of work gled the deceased fram	(Enter noture of injury in ICE OF INJURY (Home, form ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)  1 , that (I) (we) lase in the date stated abave
21. I certify that (I) (this hospital) attensaw the deceased alive on 220. SIGNATURE	NJURY OCCURRED 20e. PLAGE Not While foch of work gled the deceased fram	(Enter noture of injury in I	20f. (City or town)	PERFORMED? YES NO (County) (Stote)
21. I certify that (I) (this hospital) attention saw the deceased alive on 220. SIGNATURE  22c. (PHYLICIAN'S NAME (Type) A N. Back	NJURY OCCURRED  Not While of work of the deceased fram 1966, and that	(Enter noture of injury in ICE OF INJURY (Home, form ory, street, office bldg., etc.)  I deoth occurred at,  ATTENDING PHYS.  22d. ADDRESS	MED. STAFF DIRECTOR PHYS. G	(County) (Stote)  (County) (Stote)  (County) (Stote)  (County) (Stote)  (American American Am
21. I certify that (I) (this hospital) attensaw the deceased alive on 220. SIGNATURE	NJURY OCCURRED  Not While foch of work deceased fram 1966, ond that	(Enter noture of injury in I	20f. (City or town)  10 9 0 10 10 10 10 10 10 10 10 10 10 10 10 1	(County) (Stote)  (County) (Stote)  (County) (Stote)  (County) (Stote)  (County) (Stote)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

ician and campletely filled in by the funeral lease. Pages 1 and 3 one of any event, within 72 hours offer death

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican directar, page 3 shauld be detached far use as the burial-transit permit. Then please should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and the

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Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death idan and completely filled in by the funeral near remave carban papers. Pages 1 and and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. SWE enna Q.COUNTY b\_COUNTY ashington MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Greencastle Mo. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? shington County YES NO V NAME OF Middle 4. DATE Day Year DECEASED DEATHSeptember MARY RZOMP(Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs July White Female WIDOWED DIVORCED 1919 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Brenizar Penna Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physicit permit. Then p Stella Wisniewski Stanley Olclakowsk: WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, namor unknown) (If yes give war or dates of service) 8-20-0301 Casimir H. Rzomo Greencastle No. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Haur a.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram May 9 1966, ta 1966, that (1) (we) last 3 shauld 1966, and that death accorred at 422AM, from causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS. directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 215 NAME (Type) John Moran 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) airsvill Indiana S. Simon & Jude Cem e 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE d. VR A15 (4) 20 M 1/66 Home Andrew K. man Euneral 1966 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13362 CERTIFICATE OF DEATH death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) physician and campletely filled in by the funeral en blease Temave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY Washington b. COUNTY o. STATE Maryland Washington MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Hagerstown c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b vithin 72 hours rural Hagerstown 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2428 Jefferson Blvd. Washington County Hospital NO YES 3. NAME OF Middle 4. DATE First Last Day Year DECEASED SENSENBAUGH ELIZABETH 19 66 THELMA Sept. 2 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIEO** last birthday) white May 5, 1911 female WIOOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dublic Dublic COUNTRY? school Smithsburg, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna M. Shank George E. Winders 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 219-36-3807 Glenn Sensenbaugh Hagerstown, Md no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause perfline for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH c heter town to signed by be retained by the haspital or attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use Climnic NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor, street, affice bldg., etc.) Hour a.m Not While at wark pe 21. I certify that (1) (this haspital) attended the deceased fram\_saw the deceased alive on 1966, and the 1250 1966, that (1) (we) last 19 66, and that death accurred of 30 M, from causes and on the date stoted obove. 22b. DATESIGNED 22a. SIGNATUR ATTENOING M.D. DIRECTOR director, page 3 shauld be filed v ellecian PHYS 22d. ADDRESS 22c. PHYSICIAN'S 159 W. Washington St., Hagerstown, Md. NAME (Type Philip J. Hirshman, M.D. 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, burial (Specify) 9/5/66 Rest Haven Cemetery Hagerstown, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE SEP 1966 Hagerstown, Md. 20 M 1/4 MINNICH FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTYWASHINGTON WASHINGTON MARYLAND MARYLAND b. CITY DR TDWN (If outside corporate limits, write BURAL and give nearest town)
HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YRS. HAGERSTOWN ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? WASHINGTON COUNTY HOSPITAL 64 NORTH AVE. NO X YES within 3. NAME DE First Middle Last DATE Month 4. Day DECEASED ROSS DALE SHINDLE SEPTEMBER 24 19 (Type or print) DEATH 66 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days MALE 1909 WIDDWED [ DIVORCED [ physician n please 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
RETIRED STOCKMAN U.S.A. MARYLAND certificate 13. FATHER'S NAME transit permit. Then p. 14. MOTHER'S MAIDEN NAME removal WILLIAM E. SHINDLE ALICE EICHELBERGER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Addres HAGERSTOWN (Yes, no, or unkown) (If yes give war or dates of service) MRS. LAURA MD. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN law requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) in state of the second state of the second s DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? 19. for use Health certificate NO [ 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. ODESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) tached f 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work retained P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 19 66, and that death occurred at 4/24/M. from the causes and on the date stated above. saw the deceased alive on 22a. AIGNATURE 22b. DATE SIGNED 9-26-66 DIRECTOR PHYS. 22c. /PHYSICIAN'S 22d. ADDRESS 01, Stauffer S. Prospect St., Hagerstown, Md. director should I 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 66 CEM. BEAUTIFUL VIEW STATE FUNERAL DIRECTOR ADDRESS. 25b. REGISTBAR'S SIGNATURE 25a. REC'D BY REGISTRAR! 66 A15 (4) DATE 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after vithin 72 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) the MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town by 24 hours .= BURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO executed within completely carbon NAME OF Month Middle Last DATE Day Year DECEASED and complet remove carb any event, v (Type or print) DEATH 19 66 5. SEX OR RACE 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = (County & State, or foreign country) 12. CITIZEN OF WHAT 11. BIRTHPLACE death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? RIC 13. FATHER'S NAME attending sermit. The remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUB INFORMAN' 17. has been signed by the atten as the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 0 0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ATTENDING PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (4) **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate hither than the control of the second of the s YES NO Z 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certiff d be detached for e State Dept. of F 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work should ith the S J FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from If from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SICNATURE 22b. DATE SIGNED director, page should be filed v ATTENDING MED DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION,I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (CIty Atown or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR VR A15 (4) DATE 20M 1/65

25851 Visinitias and the form of the state of the state of THE THE STATE OF T THE STATE OF THE S EXMOE HANDA THEY STEEL & CE 12 Hill be 250 - W ELECTRICIAN ESTELLIC CANALISM PROGRAMMENT PROGRAMMENT KENDE ET LELEVE - VERTEN - VERTEN ET BOND No CONTRACTOR STATE SHAKEN SHOW The state of the s A TOTAL CONTRACTOR OF THE SERVICE Bushet 12/46 Para a Life was the Barrier Will I I a comment for both in the water frage

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY delay i. and 3 to 3. Page o. STATE Washington b. COUNTY Maryland Washington death. MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs ( Washington County Hospital 255 W. Franklin St. ate NO X 3. NAME OF Middle Day Year within 72 DECEASED OF DEATH Floud Leon September 18 (Type or print) 19 66 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS last\_birthdoy) Months White Male February 13.1949 haurs WIDOWED DIVORCED in Item 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working lite, even if retired) Concrete Pipe Mfg. COUNTRY Keedysville. Md. Chief Medical Examiner's pencil 13. FATHER'S NAME be executed within Francis E. Sister Sr. Mildred May Wolfe

17. INFORMANT

Prancis E. Sisler Sr. 1020'z Corbett St. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, runknawn) (If yes give war ar dates af service) remaval, 212-59-9986 INTERVAL BETWEEN
ONSET AND DEATH
-2 hours 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Brain stem injury (lac.) Б IMMEDIATE CAUSE (a) This certificate shauld ward crematian, DUF TO Conditions, if ony, which gave trauma sudden rise ta immediate cause (a). DUF TO stoting the underlying couse burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate. agent, priar ta 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) was thrown from car warlowe, in a collision, Rt. CAUSE OF DEATH. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) factory, street, office bldg., etc.)
Highway Nat While While ot work 19 66 al work Marlowe. W. Va. designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry ond in my opinian death resulted from: Notypal couses Accident x Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may b Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown. Md. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Rest Haven Cemetery | Hage REMOVAL (Specify) 24. FUNERAL DIRECTOR 45 hu G. Hon 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Rest Haven Funeral Chapel Hagerstown Md.

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## TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. They prease remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removing any event, within 72 hours after Death.

MARYLAND STATE DEPARTMENT OF HEALTH

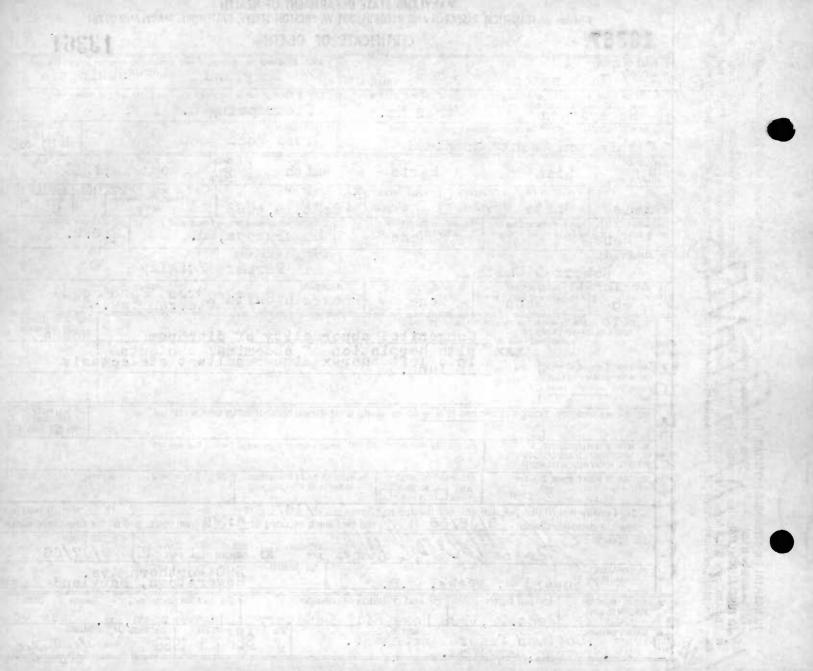
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

	TOORS			IFICATE	OF DEATH	10	10001					
1.	PLACE OF DEATH	shington		ΔM	ARYLAND	2. USUAL RESIDENCE ( o. STATE Ma. 1	(Where dece	osed lived, if institu	tion: Resident	te before	odmissio ton	n)
	b. CITY OR TOWN ( write RURAL and	If outside corporate limit d give nearest tawn)	s,	c. LENGTH OF STATE	Y IN 1b	c. CITY OR TOWN (If o			JRAL ond give	nearest 1	tawn)	1.
1	d. NAME OF HOSPIT	S town AL OR INSTITUTION (If no		give street oddress)	•	d. STREET ADDRESS Cress P				е.	IS RESID ON A FA	ENCE RM?
		ton Count				<u>                                     </u>					ES 🗌	
3.	NAME OF DECEASED (Type or print)	Lisa	rst	Marie Marie		Smi th	4. DATE OF DEAT	п	th 16,		17	2.6
- 1	'enale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARR		Sept, 16, 19	966	9. AGE (In years lost birthdoy) yrs.	IF UNDER Months	Doys	Hours 6	Min.
10		I (Give kind of work done life, even if retired)	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County Hagers to	y & Stote, or	foreign country) Md.		IZEN OF V	WHAT	
13	3. FATHER'S NAME RO	bert L Sm	ith			14. MOTHER'S MAIDEN Bar		Feigle	y			
11	S. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wenter dates)	of service) 16.	None		bert L Sm	ith,	Cress Add	ond ring.	Road	ì	
F	18. CAUSE OF DI PART I. DEA	EATH (Enter only one col TH WAS CAUSED BY: IMMEDIATE CAUSE	COL	ngenital	l abn	ormality	of d	iaphram		HONSE	VAL BETO	WEEN EATH
	Conditions, if ony rise to immediat stating the unde	, which gove e couse (o),		th herni to left lung.	thor	n of abdo ax with r	mina esul	tant at	nts elect	asis	3	
N	DADT II OTHER SI	)	(c)	TO DEATH BUT NOT F	RELATED TO	THE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART 1(o)		19. V	WAS AUTO	PSY ED?
CATIC										YES		NO 🗌
MEDICAL CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or P	ort II of item 18.)				
MFDICA	20c. TIME OF INJU Hour o.t	10	20d. If While ot worl			CE OF INJURY (Home, far ory, street, office bldg., etc		(City or town)	(Cou	unty)	(	Stote)
		fy that (1) (this has	spital) atten	ded the decease	d fram_ , and tha	9/16/66 t death occurred a	19	My fram causes	and an t	he date	stated	we) last I above.
1	220. SIGNATURE	Mar	Mel	Vil	M M.		MED. DIRECTOR	STAFF PHYS.	] 9	ATE SIGNED	/66	
	22c. PHYSICIAN'S NAME (Type	Howard N	. Weel	ks, M.D.		22d. ADDRESS		Norther erstown		e ylar	nd	
2.	30. BURIAL, CREMATION REMOVAL (Specify Buria	)_	IEREOF 19.196	23c. NAME OF CE		Cemetery		LOCATION (City or T		(County)	ash	tote)
A	24. FUNERAL DIRECTO		Funera	1 Home		2So. REC	SEP SEP	STRAR 256. 1	REGISTRAR'S S			lge.
		The second second							101			

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physician.



physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending ro FUNERAL DIRECTOR: After this certificate has been shauld directar, page shauld be filed

requires that the death certificate be executed within 24 haurs after death

ot work of work 21. I certify that (this hospital) attended the deceased fram Fub

1945, to Se POT 10, 1966, that (1) (we) last

1966, and that death accurred at 57/3 AM, from causes and an the date stated above.

22b. DATE SIGNED

(County) (Stote)

YES

13362

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS.

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

66

Wash.

Doy

10

Doys

12. CITIZEN OF WHAT

Md.

COUNTRY?

220. SIGNATURE ATTENDING M.D. 22d. ADDRESS PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

Potomec 23d. LOCATION (City or Town)

PHYS

burial (Specify) 24. FUNERAL DIRECTOR

23o. BURIAL, CREMATION.

NAME (Typle

22c.

9-12-66 Cedar Lawn Mem.

Park 2So. REC'D BY REGISTRAR

DIRECTOR

Hagerstown Md.
REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS Minnich Funeral Home, Hagerstown, Md.

saw the deceased alive on 50 pt/0 --

23b. DATE THEREOI

20 M 1/66

DATE SEP Charles 1966

VR A15 (4)

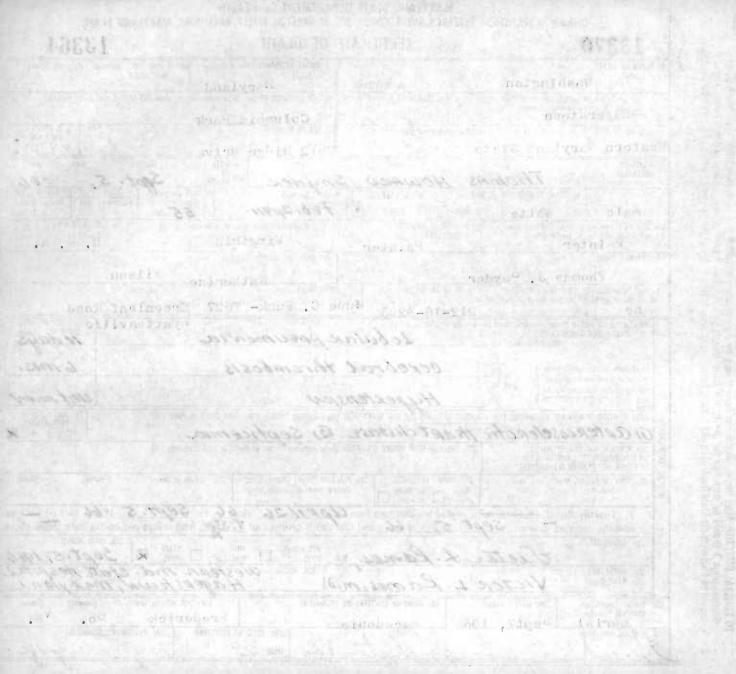
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Pages 1 b. CQUNTY Washington Washington Maryland MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b bon papers. Pag within 72 hours 24 hours = Hagerstown weeks RURAL- Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Williamsport, YES X NO completely carbon NAME OF First Middle Month DECEASED RALPH (Type or print) MAXWELL SNYDER DEATH 66 Sept 10 19 executed SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 8. DATE OF BIRTH remove 7. MARRIED NEVER MARRIED in any and Male Whi te WIDOWEDX DIVORCED June. 1906 60 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir be during most of working life, even if retired) Brakeman Western Md.R.R Wash. Maryland TISA The law requires that the death certificate 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Snyder Maude E. Renner 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Aprenesburg. Md. (Yes, no, or unkown) | (If yes give war or dates of service) WilliamsportRFD2 No Mr. Joseph M. Snyder cremation. CAUSE DF DEATH [Enter only one cause per line for (a) al-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. 2 Wee IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. certificate has CERTIFICATION PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTDPSY ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? NO T YES 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of O FUNERAL DIRECTOR: After this MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work pluods 9-10 1966. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 to 66 and that death occurred at 2:152M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 8 3 filed MED. ATTENDING PHYS. STAFF M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type BURIAL, CREMATION, DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) 12,1966 PI PEMPYAD (Specify) Greenlawn Cemetery Williamsport. Marv] 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 25a. Albert Williamsport 66 A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

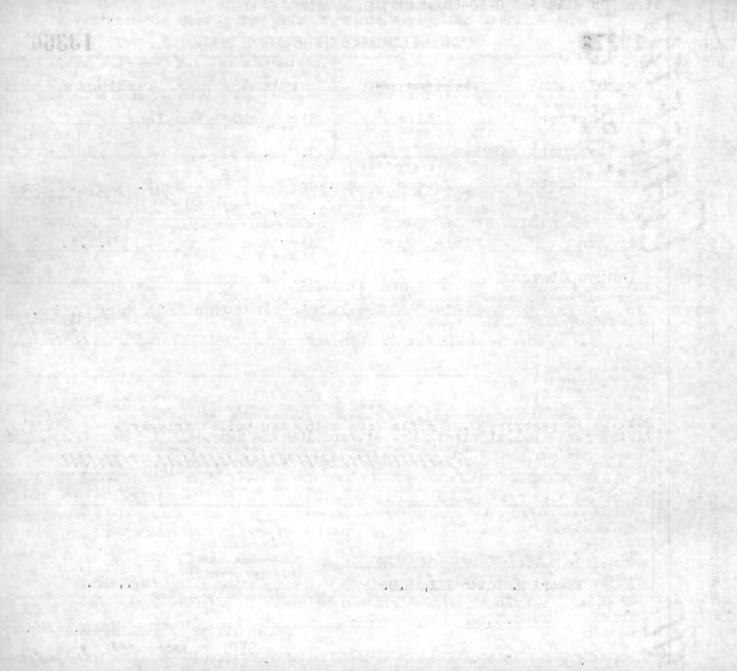
HEALTH DEPT.	1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		Washington	Maryland Washington
Lessary, the funeral 5 may be bepartment fler death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town)
fun fun may artn artn de	Be	la gers town onth	Rural- Downsville 2/-/
Departer		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
	V	Washington County Hospital	Williamsport, Md. RFD #1 YES NOW
any delay 2, 2, and 3 t PM3. Pag	3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
PM3.		(Typa or print) ELIZABETH WOLFORD	SOCKS DEATH Sept. 7 1966
Mit Mith	5.	7. Marite 1 Never Marite	B. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.
death. If Pages 1, ith form and 2 with		Female   White   WIDOWED   DIVORCED   C	OCT. 2. 1900   65 yrs.   11   5
With Gen	10a	a. USUAL OCCUPATION (Giva kind of work dona   10b. KIND OF BUSINESS OR ring most of working lifa, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
18. Give along wings		Charwomen Hotels	Maryland USA
age alo	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
hou fice mid in the mi		Earl Moats	Annie Wolford
in 1 off 00ff 1, a		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. (es, no, or unknown) (If yes give war or dates of service)	withiams por o, the.
within pencil i miner's permit. removal	N		c.Charles Edgar Socks RFD #1
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NRTICLE WITH CARDIAC TAMPONADE 5 HRS.
d be executed "pending" in Medical Exa burial-transit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF LEFT VE	
exection ding ding ding ical		Conditions, If any, which \ DUE TO MYOCARDIAL INFARCT	TION, ANTERIOR APICAL REGION,
d be executed the second of th		gave rise to immediate (	C OCCLUSION OF ANTERIOR DESCEND- Recent
a b	1 3	causa (a), stating tha undarlying causa last. (c) PROPAGATION) FRA	ARTERY (RECENT WITH FRESH
te shore wor se Chi	N	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
the the used to bu	CERTIFICATION		PERFORMED? YES X ND
n to d to be u jor t	F	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING X	JRRED. (Enter nature of injury in Part I or Part II of Itam 1B.)
양분용 모급	CER	CAUSE OF DEATH.	
R. This sate, wire forward should agent,	CAL	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20a. PLA facto  Hour a.m. While Not While at Work 200 at Work 2	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
icatre for a fage	MEDICAL	Hour a.m. While While at work H	Home WILLTAMSPORT WASH, MD.
Milk ortiff d b Pag ateq	-	21. I certify that I took charge of the remains described above, he	
EXA hour lies.		death resulted from: Natural causes x, Accident , Sul	
the the second		75054	CHIEF MEDICAL EXAMINER
Sute age your its		SIGNATURE DECLE ALLAND	M.D. ASSISTANT MEDICAL EXAMINER
To H	1	EXAMINER'S TO THE DESIGNATION OF ALL D	DEPUTY MEDICAL EXAMINER SEPT. 8, 1966
DEPUT lease irector. stained FUNER f Healt		NAME (Type) DR. E. W. DITTO, OR M.D.	Address (Street, city, town, or county) Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
o DEPU please directo retaine retaine of Heal	23:	Burial (Spacify) Sept. 10.1966 Bakersvill	
5 00 00		4. FUNERAL DIRECTOR ADDRESS	le Cemetery Bakersville, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR ALSME (5)	1	Albert I. Leaf Williamsport. Md.	

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Item 20b Film 380 9-19-6MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13366HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY deloy is ond 3 to M3. Poge o. STATE b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WAS TAND Maryland Washington c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Life Big Spring, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE hours ON A FARM? YES NO V Item 18. Give Poges Williamsport Maryland R.F.D hours ofter death. 3. NAME OF 4. DATE Year DECEASED (Type or print) DEATH 9. AGE (In years 2B birthdoy) Harold Gene S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Months Hours □Dec. 23, WIDOWED DIVORCED Male White
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Brick Uard Maryland Fireman = ward "pending" in pencil it the Chief-Medicol Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Lauren Stevens File Louise Shaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. removal (Yes, no, or unknown) (If yes give wor or dates of service 219-34-7369 Patricia Stevens No Big Spring, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH wound of chest cremotian, or Gunshot IMMEDIATE CAUSE (o) certificote should DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO MAIN, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

200. While removing 0.22 rifle from auto, man pulled trigger firing gun - Bullet struck Mr. Stevens 100 yds away. 19. WAS AUTOPS'
PERFORMED? the certificate, NO its designoted ogent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. PANALINGI MITHALAH HANDSHIJAHALI HAN 1174 VIGA 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) While of work factory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page Williamsmort wash Md Sept 2 1966 Factory 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection , Inquiry x, and in my opinian Natural causes . Accident . Suicide . death resulted fram: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE / TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Edward W. Ditto III, M.D. Hag., 5 may ro FUNEI Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Sept. 5.66 Shanktown 250. REC'D BY REGISTRAR S SIGNATURE 24 EUNERAL DIRECTOR VR A15ME Clear Spring 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYI AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HAGERSTOWN = DAYS filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 209 MEALEY PKWY = YES NO X completely pou 3. NAME OF First Middle Last DATE Month Day Year DECEASEO DEATH SEPTEMBER 19 66 (Type or print) HOWARD KTEFFER STICKELL 15 6. COLOR OR RACE 5. SFX emove 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Hours and MALE SEPT. 25.1884 WIDOWEO T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? GRAIN MILL RETIRED OFFICIAL WASHINGTON CO., MARYLAND U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANIEL A. STICKELL LAURA MIDDLEKAUFF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGER 940 N. MARYLAND (Yes, no. or unkown) ((If yes give war or dates of service) 214-09-6372 MARGARET STICKELL 209 MEALEY PKWY. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. eta static Carcine IMMEDIATE CAUSE (a) mo DUE TO Carcinoma Conditions, If any, which Cell gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from AUS. 19 5 to 50196-13 DIRECTOR: 19 66, and that death occurred at 8 1. M. from the causes and on the date stated above. saw the deceased alive on Sect. 15 22a. SIGNATURE 22b. DATE SICNED ATTENDING PHYS. /16/1966 DIRECTOR FUNERAL PHYSICIAN'S NAME (Lype) 22d. ADDRESS director, p LOYD HOFFMAN M.D. POTOMAC ST. HAGERSTOWN, MD. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) /19/1966 ROSE HILL CEMETERY HAGERSTOWN, MARYLAND REC'D BY REGISTRAR | 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER 1966 HAGERSTOWN, MARYLAND VR AI5 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14 MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON VIRGINIA BERKLEY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b hours ve carbon papers. Pag event, within 72 hours HAGERSTOWN RURAL HEDGESVILLE DAYS 므 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 426 SUMMIT AVENUE R. D.# YES NO within NAME OF First Middle Last 4. DATE Month Day Year DECEASED SEPT. RUTH (Type or print) BAIRD STONE DEATH 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX remove 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED FEMALE JAN. 11,1897 WIDOWED X DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired)
HOMEMAKER INDUSTRY OWN HOME WASHINGTON CO. MARYLAND U.S certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending ph ermit. Then JOHN RHODES FLORENCE HEMPHILL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT HAGEMOTOWN. MD. death (Yes, no, or unkown) 216-14-6165 SODERGREN N. COLONIAL DR. the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the à PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been Sign. is the burial-tro signed DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO RMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO D YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) tached for MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After OR ATTENDING : at work p.m. at work S should with the O 21. I certify that (I) (this hospital) attended the deceased from 270 M. from the causes and on the date stated above. saw the deceased alive on , and that death occurred at 22b. DATE SIGNED 22a. ISIGNATURE page MED. /2/1966 ATTENDING 9 DIRECTOR O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL director, pi should be f NAME (Type) DONALD E. MARTIN NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) 1966 HAVEN CEMETERY HAGERSTOWN MARYLAND 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1966 VR A15 (4) M. ROUZER HAGERSTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 13369 deoth. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) campletely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH b. COUNTY ashing ton o COUNTY Washington event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 4 Hrs. Keedvsville. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? Main Street Washington County Hospital NO D NAME OF the attending physición and campletely fi sit permit. Then pladae remave carban Middle First 4. DATE DECEASED Sectember Charles Stotler Sr. Lauran DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last birthdoy) Hours 9,1900 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR U COUNTRY? during most of working life, even if retired) INDUSTRY Franklin Co. Penna. Barber 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, Ida Cromer Charles 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) StotlerKeedvsvi 347-10-9006 hrs Anna INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) to HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO far use as the b f Health priar ta b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) detached 20e. PLACE OF INJURY (Home\_form, (City or Town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Nor While shauld be 19 6 and that death accurred at 7:301M, from causes and an the date stated obove. saw the deceosed alive on\_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR M.D. directar, page shauld be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Rose Hill Cemetery Hagers town, -Md 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Funeral VR A15 (4) 20 M 1/66 Melizales Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Washington MARYLAND Maryland Washington
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral may be Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Hagerstown Marvland 29 vrs Hagerstown Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? after death. If any delay Give Pages 1, 2, and 3 to ong with form PM3. Page State hours 134 Clarkson Ave. 134 Clarkson ND Ave NAME OF First Middie DATE Month 4. Year DECEASED the 72 OF DEATH Clayton Lewis Valentine (Type or print) Sept 19 2 with within 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH NEVER MARRIED X July 56 Male WIDOWED DIVORCED Colored and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? EXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Gishould be forwarded to the Chief Medical Examiner's Office along Waiter Hotel Marvville. Tenn USA! 13. FATHER'S NAME MOTHER'S MAIDEN NAME Valentine Charles Beulah Warnner File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unkown) I (If yes give war or dates of service) permit. F Valentine Maryville. Tenn. Melvin World War Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: used as a burial-transit to burial, cremation, or IMMEDIATE CAUSE (a) Bilateral Pulmonary Embolism. Massive Instant Conditions, If any, which (b) Probable Thrombosis Right Saphenous Vein gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY CERTIFICATION PERFORMED? YES -ND F should be 2Da. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 shoul MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my ppinion FUNERAL DIRECTOR: Health or its design **Undetermined manner** Natural causes x. Suicide Homlcide death resulted from: Accident CHIEF MEDICAL EXAMINER for your please execute director. Page 4 retained for you ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX 9-10-66 **EXAMINER'S** Address (Street, city, town, or county) Hagerstown, Md. Ditto. NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION.I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 0 National Cemetery y Knoxville, Tenn.
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Marley Jud 1966 VR ALSME (5) 1/65

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12. CITIZEN OF WHAT

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e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN ONSET AND DEATH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaasad lived, If institution, Rasidance before admission, a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest Yown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Middla Month Yaar DECEASED OF within (Typa or print) DEATH 1966 and cor 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, evan if retirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Address (Yes, no. or unkown) | (If yes give war or dates of service) been signed by the permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), UNTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction days cremation, burial-transit Conditions, if any, which (b) Coronary thrombosis days gave rise to immediate causa DUF TO (a), stating the underlying the hospital or cause last. (c) Coronary atherosclerosis yrs. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY use as rior to PERFORMED? prior NO F Acute appendicitis -- appendectomy 20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) After this OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, Month, Day, Yaar 20f. (City or town) (Stata) (County) ō factory, straet, office bldg., etc.) Not While Hour a.m. DIRECTOR: at work at work 21. I certify that (I) (this hospital) attended the deceased from 1953 19 to 9-12-66 19 that (I) (we) last 22a. SIGNATURE 22b. DATE MED. death. Page 4 page with th DIRECTOR PHYS. PHYS. M.D. 22c. PHIOCHAN 22d. ADDRESS filed v NAME (Type) William C. Brewer, M.D. Greencastle, Pennsylvania 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county る寺る 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 20M S-63

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CE OF DEATH DUNTY Washi	ngton	MARYLAND	O STATE	Where deceosed lived, i	h COLINITY	nce before odmission)
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	ame of hospital or institu hreny-Keed			d. STREET ADDRESS	E. Irvin	Ave.	e. IS RESIDENCE ON A FARM? YES NO
(Туре	ASED e or print)	First MARY	Middle <b>EMMA</b>	WATKINS	4. DATE OF DEATH	Month Sept.	
	emale 6. COLOR OF	te WIDOWED			9. AGE (In last birt 93	hday) Months yrs.	Doys Hours Min.
during m	JAL OCCUPATION (Give kind of nost of working life, even if reticle the clerk	work done 10b. KIN Dep	D OF BUSINESS OR USTRY Store	Huyetts	& State, or foreign count Crossroa	" (1	ITIZEN OF WHAT DUNTRY?
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IS. WA (Yes, no	S DECEASED EVER IN U.S. ARME o, or unknown) (If yes give wo	or or dates of service)	none	7. INFORMANT Charles Wat	tkins, Ha	Address gerstow	m, Md.
Con rise stot lost	nditions, if ony, which gove to immediate couse (a), ting the underlying couse t.	D BY: ATE CAUSE (o) DUE TO  (b) DUE TO  (c)	orioalero D	tie Cardia	Parou	uleu	INTERVAL BETWEEN ONSET AND DEATH  19. WAS AUTOPSY
0 191 200	D. ACCIDENT WAS UNDERLYING  CONTRIBUTING  CAUSE OF D	□ 205. DESC		TO THE TERMINAL DISEASE CO ED. (Enter noture of injury in			PERFORMED?  YES NO
(11	EITHER, NOTIFY MEDICAL EXAM TIME OF INJURY Month, D Hour o.m. p.m.		Not While	PLACE OF INJURY (Home, forr foctory, street, office bldg., etc.		town) (Co	ounty) (Stote)
	21. I certify that (I) saw the deceased ali	(this haspital) attendive on	ed the deceased fram	hat death occurred at	1968 , ta Alex 97, M, fron	causes and on t	the dote stoted obove.
	co. SIGNATURE cc. PHYSICIAN'S NAME (Type)	SW Let	lan	M.D. ATTENDING PHYS. 22d. ADDRESS	DIRECTOR DISTA	AFF COLA	DATE SIGNED A. V9, 1966 Wed
BE	MOYAL (Specify)	DATE THEREOF 9-29-66		Cemetery		town, M	
	neral director  nnich Fune:	ral Home.	ADDRESS Hagerstown		D BY REGISTRAR CT 3 198	25b. REGISTRAR'S	when Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funeral PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 DAYS HAGERSTOWN HAGERSTOWN .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? pape 644 JEFFERSON BLVD. WASHINGTON COUNTY HOSPITAL within NO. YES carbon 3. NAME OF OECEASEO First Middle Last DATE Month Day Year WETZEL. III SEPT. (Type or print) RAYMOND EDWARD DEATH 66 19 5. SEX 9. AGE (In years | IFUNOER 1 YEAR | IF UNOER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIEO X last birthday) Months MALE WIOOWED | SEPT. 2.1966 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NONE COUNTRY? WASHINGTON CO. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ing p RAYMOND WETZEL SHIRLEY BOSCH JR. HAMERSTOWN, MD. attend 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unkown) (If yes give war or dates of service) RAYMOND E. WETZEL. JR. 644 JEFFERSON BLVD. cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acut attending physician. + Mening itis (organism No + Diffuse Pulmonary Conditions, If any, which gave rise to immediate 計 cause (a), stating the underlying cause last, 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? certificate YES X NO T this cer-detached for 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) WEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1966 19.66\_, that (I) (we)-last 21. I certify that (I) (this hospital) attended the deceased from. 1966, and that death occurred at See M, from the causes and on the date stated above. saw the deceased alive on. 3 sho 22b. OATE SIGNED 22a. SIGNATURE page MEO. OIRECTOR ATTENOING 9/7/1966 O HOSPITAL TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) W. WASH. ST. W. DITTO HAGERSTOWN. MD. EDWARD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. OATE THEREOF SEPT. 8,1966 HAGERSTOWN. ROSE HILL CEMETERY MARYLAND REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADORESS CHARLES M. ROUZER HAGERSTOWN, MARYLAND VR A15 (4) 20M 1/65

NORTH SEAL Mark Jeans and The Park 1011/a . 1980 . L. S. A. P. P. C. L. C. POT ME PARK The state of the s The man is a first that the last the transfer of the second will be the second with the second will be the second wil THE PROPERTY OF THE PARTY OF TH STATE OF THE PLAN WEST OF THE PARTY OF THE P When W. Least Fluid Trinted Tritted Aret 1 1928 Francisco

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral femave carban papers. Pages 1 and many event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hagerstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 79 years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? W. Howard St. 124 W. Howard St. NO [ YES 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED 1966 SR. Sept. JOHN WIEBEL. LUTHER (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths birthday) Days Haurs white WIDOWED X April 19.1387 DIVORCED male 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or fareign country) INDUSTRY COUNTRY? during most of working life, even if retired) Hagerstown, Md. Weaver ribbon mfg. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remaval, Maryetta Jones Augustus Wiebel IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates of service) Edward Wiebel, Sr. Hagerstown, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: rus - selver News D. burial-transit signed by IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use 10 una NO Z for 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work , 1966, that (1) (we) last 21. I certify that (1) (this hospital) ottended the deceased from. (ab, to be retained 1966, and that death accurred at & A.M. from causes and on the date stated above saw the deceosed alive on\_ 22b. DATE SIGNED 22a. SIGNATU ATTENDING M.D. DIRECTOR PHYS. directar, page should be filed filed 22d. ADDRESS NOVENSTEIN EUNKSTOWN NAME (Type)

VR A15 (4) 20 M 1/66

MINNICH FUNERAL HOME

23a. BURIAL, CREMATION, bruial Specify)

24. FUNERAL DIRECTOR

23b. DATE THEREOF

9/6/66

Hagerstown, Md. DATE

Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill

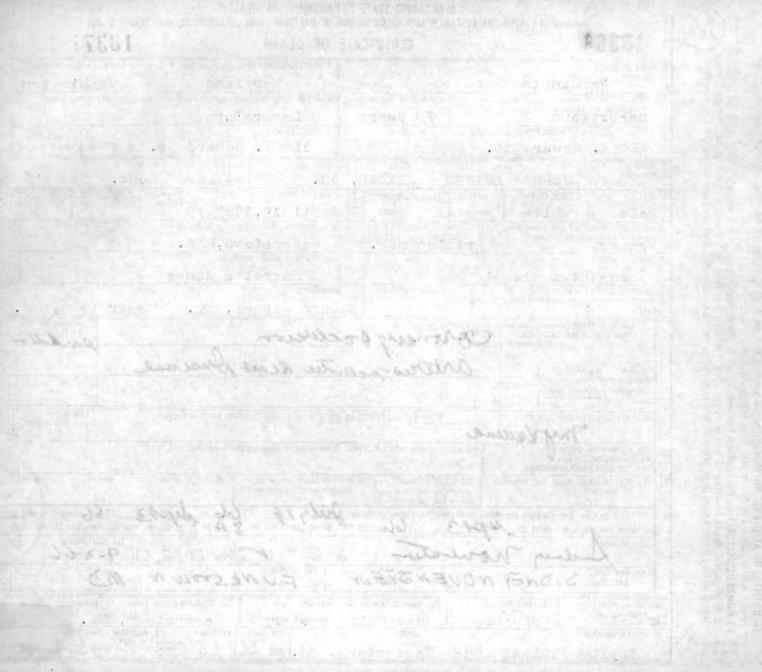
2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town) Hagerstown, Md.

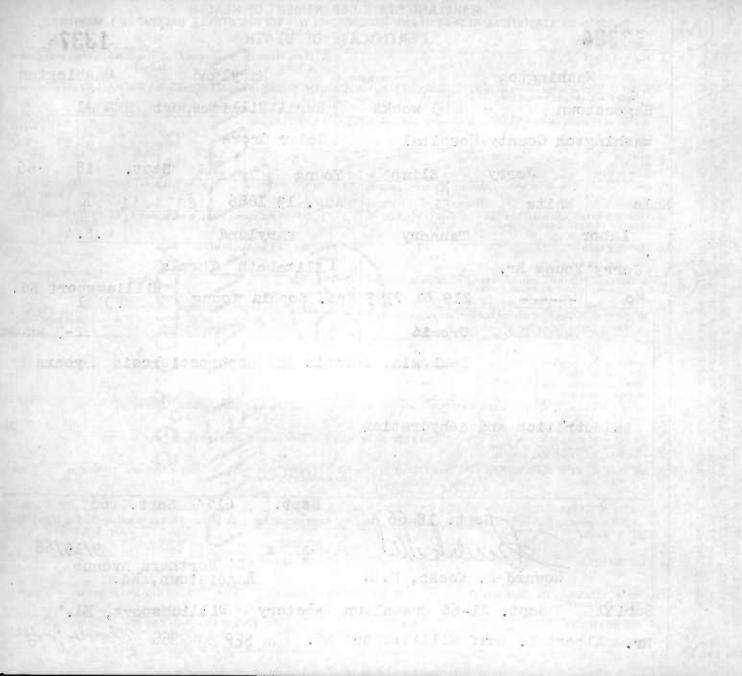
(State)

2Sb. REGISTRAR'S SIGNATURE

SEP Misseles 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the fi Pages 1 urs after Maryland Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours Rural Williamsport weeks RFD .⊆ Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cedar Grove Washington County Hospital YES NO X executed within completely carbon NAME OF Middle Last DATE Month Day 4. DECEASED 18 1966 Bept. DEATH (Type or print) Jerry Elias Young AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) | Months | Days any Aug. 1886 White Male WIDOWED DIVORCED and in 10a. USUAL OCCUPATION (Cive kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR been signed by the attending physician the burial-transit permit. Then please reto burial, cremation, or removal, and in The law requires that the death certificate be during most of working life, even If retired) INDUSTRY Maryland U.S.A Labor Tannery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Elizabeth Jerry Young Williamsport Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Sophia Young RED INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia 2-3 weeks OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO leukemia, chronic and nephrosclerosis Cenditions, If any, which vears (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. certificate has CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO T Malnutrition and dehydration 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certifuld be detached for State Dept. of 1 MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 61 to\_ Sept. 1966, that (I) (we) last 3 should with the Sept. 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: 181966 Mand that death occurred at AM, from the causes and on the date stated above. Sept. saw the deceased alive on. 22b. DATE SICNED 22a. SICNATURE ATTENDING K STAFF PHYS. 9/19/66 DIRECTOR Page 4 may t pa 22d. ADDRESS 580 Northern Avenue PHYSICIAN'S director, p NAME (Type) Howard Weeks. M.D. Hagerstown, Md. 23d. LOCATION (City, town or county) (State 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF Burlal (Specify) 9 21-66 Greenlawn Cemetery Williamsport 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE ADDRESS 24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md. Mr. VR A15 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after Washington Marvland Washington MARYLANO b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 hrs. Williamsport Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 120 S. Conococheague St. ND X YES executed within and completely emove carbon r 3. NAME OF First Middle Day Year DECFASED Theodore Earl Zimmerman OEATH 18 1966 (Type or print) Sept. remove 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED 8. DATE OF BIRTH NEVER MARRIEO Months I White Male 1894 WIODWED X OIVORCED and in 10a. USUAL DCCUPATION (Give kind of work done I 10b. KIND DE BUSINESS DR Hamupistown 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please pe during most of working life, even if retired) COUNTRY? Labor Maryland D U.S. Wa lant requires that the death certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIOEN NAME Cletus Zimmerman Mary Jane Trumpower 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN Conococheague St. permit. 0 (Yes, no, or unknwn) (If yes give war or dates of service) Rupp cremation. Mrs. Williamsport Md INTERVAL BETWEEN ONSEJ AND DEATH Harry the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat signed by PART I. DEATH WAS CAUSED BY IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Cenditions, If any, which (b) certificate has been gave rise to immediate the c DUE TD (a), stating as th underlying cause last. (c) WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED DISEASE CONDITION GIVEN IN PART 1(a) use for use Health PERFORMED? CERTIFICAT YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) FUNERAL DIRECTOR: After this cert irector, page 3 should be detached fould be filed with the State Dept. of MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.; Hour a.m. Not While at work at work p.m. certify that (!) (this hospital) attended the deceased from A.M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED SIGNATUR 22a ATTENDING PHYS. OIRECTOR M.O. PHYSICIAN'S director, p HAGERSTOWN. MD. POTOMAC AVENUE BINFORD, (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMDVAL (Specify) 20-66 Greenlawn Cemetery Williamsport Md. Sept. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 25a. REC'O BY REGISTRAR 1966 Albert L. Leaf Williamsport Md. VR A.15 (4) 20M 1/65

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